

L13000113431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900265741209

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 DEC -8 PM 4:31
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
14 DEC -8 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2014

CSC
COURTNEY WILLIAMS
TALLAHASSEE, FL

SUBJECT: PROGRESSIVE EMPLOYER MANAGEMENT COMPANY IX, LLC
Ref. Number: L13000113431

We have received your document for PROGRESSIVE EMPLOYER MANAGEMENT COMPANY IX, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 914A00025868



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 412110 8017262

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : December 8, 2014

ORDER TIME : 3:19 PM

ORDER NO. : 412110-025

CUSTOMER NO: 8017262

DOMESTIC AMENDMENT FILING

NAME: PROGRESSIVE EMPLOYER
MANAGEMENT COMPANY IX, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROGRESSIVE EMPLOYER MANAGEMENT COMPANY IX, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIM VELLA

Name of Person

PEMCO, INC

Firm/Company

6407 PARKLAND DR

Address

SARASOTA, FL 34243

City/State and Zip Code

TVELLA@PROGRESSIVEEMPLOYER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANE ANDERSON

941 925-2990 E: 20136
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROGRESSIVE EMPLOYER MANAGEMENT COMPANY IX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/09/2013 and assigned
Florida document number L13000113431.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	MICHAEL E. DRIS	6407 PARKLAND DR	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input checked="" type="checkbox"/> Remove
CEO	CLINTON W BURGESS	6407 PARKLAND DR	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
CFO	PETER GRABOWSKI	6407 PARKLAND DR	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 14 DEC -8 AM 9:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 5, 2014



Signature of a member or authorized representative of a member

PETER GRABOWSKI- CFO

Typed or printed name of signee

FILED
14 DEC - 8 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA