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TALLAHASSEE, FLORIDA

K. SALY
NOV 15 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Good Faith Insurance Services - Property & Casualty, 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:

David D. Bamberry

Name of Person

Good Faith Insurance Services - Property & Casualty, LLC

Firm/Company

5901 Argerian Drive Suite 101

Address

Wesley Chapel, FL 33545

City/State and Zip Code

david@goodfaithis.com

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

For further information concerning this matter, please call:

David D. Bamberry

813 789-8062
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

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and assigned

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Paulsen, Rocia D.	5901 Argerian Drive	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Wesley Chapel, FL 33545	<input type="checkbox"/> Change
MGR	Bamberry, David D.	5901 Argerian Drive	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	<input type="checkbox"/> Change
MGR	Munoz, Luis M.	5901 Argerian Drive	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	<input type="checkbox"/> Change
MGR	Montes, Edda L	5901 Argerian Drive	<input type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 21, 2016

David D. Baulcherry
Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

David D. Bamberry

Typed or printed name of signee