

L14 000129718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4.61788 MAR 03 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEVENS' INSURANCE GROUP 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:

JESSICA LINNEA STEVENS
Name of Person

STEVENS INSURANCE GROUP LLC
Firm/Company

2342 TEGNER DRIVE
Address

JACKSONVILLE, FL 32240
City/State and Zip Code

Stevensinsgrp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA STEVENS at (904) 838-5300
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

STEVENS' INSURANCE GROUP 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 8/19/2014 and assigned Florida document number L14000129718.

This amendment is submitted to amend the following:

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

STEVENS INSURANCE GROUP LLC

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)

2342 TEGNER DRIVE
JACKSONVILLE, FL 32210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2342 TEGNER DRIVE
JACKSONVILLE, FL 32210

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:

2342 TEGNER DRIVE

Enter Florida street address

JACKSONVILLE

City

, Florida

15 FEB 23 AM 11:00
STATE OF FLORIDA
TALLAHASSEE

32210

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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

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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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 February 19, 2015.

Jessica Linnea Stevens
Signature of a member or authorized representative of a member

JESSICA LINNEA STEVENS
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA