

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000283619 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*RE-SUBMIT\***

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

14 DEC 10 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORCHID UNDERWRITERS AGENCY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05/6
Estimated Charge	\$30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC -9 A 9:51

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

DEC 11 2014

EXAMINER  
12/9/2014

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORCHID UNDERWRITERS AGENCY, 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:

Name of Person

ORCHID UNDERWRITERS AGENCY, LLC

Firm/Company

Address

City/State and Zip Code

jeff@orchidinsurance.com

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

For further information concerning this matter, please call:

Suzanne M. Hoffman

312

577-8306

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

2014 DEC -9 A 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ORCHID UNDERWRITERS AGENCY, 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 07/01/2007 and assigned  
Florida document number L14000165974.

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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

Page 1 of 3

FILED

DEC-9 A 9:51  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

**FILED**

MAY  
APR -  
☐ Add  
☒ Remove A9-50

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

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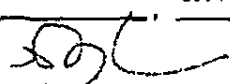
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida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

Dated December 8 2014



Signature of a member or authorized representative of a member

Bradford R. Emmons

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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2014 DEC -9 A 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

12/10/2014 10:32:43 From: To: 8506176383

( 2/6 )

850-817-6381

12/10/2014 10:24:33 AM PAGE 1/001 Fax Server



December 10, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ORCHID UNDERWRITERS AGENCY, LLC  
1201 19TH PLACE, SUITE A-110  
VERO BEACH, FL 32960

SUBJECT: ORCHID UNDERWRITERS AGENCY, LLC  
REF: L14000165974

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC -9 A 9:52

FILED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H14000283619  
Letter Number: 214A00026035

RECEIVED  
14 DEC 10 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

\*RE-SUBMIT\*

Placed in [unclear]  
date of submission 12/9