L14000185607

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
•	,	
(6)	100-107-101-101-101-101-101-101-101-101-	
(CI	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name)	
(Do	ocument Number)	
(-	· · · · · · · · · · · · · · · · · · ·	
Continue Comine	Contilliants of	Chahua
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



900273294259

06/08/15--01043--003 **25.00

FILED

15 JUN -8 AM 7: 50

SECRETARY OF STATE

AN 10 MD T. HAMPTON

TO:	Registration Se Division of Cor			·	
CUD IC.		SURANCE LLC			
SUBJE	Name of Limited Liability Company				
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		JEAN DUPOUX			
			Name of Person		
		HI LINE INSURANCE			
		49, 40, 40, 40, 40, 40, 40, 40, 40, 40, 40	Firm/Company		
		3629 DAVIE BLVD			
			Address		
		FORT LAUDERDALE F	L 33312		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	fication)	
For furt	her information co	oncerning this matter, please ca	all:		
JEAN [DUPOUX		954 791-6671		
/	Name of	Person		e Telephone Number	
Enclose	d is a check for th	e following amount:			
\$2 5	.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)	
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HI-LINE INSURANCE CO. LLC		
(<u>Name of the Limited Liability</u> (Α Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L14000185607	impany were filed on JUNE 1 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	75 TS
Principal office address MUST BE A STREET ADDRE	ESS)	ER ET
		A A A A A A A A A A A A A A A A A A A
Enter new mailing address, if applicable:	N/A	EFF E
(Mailing address MAY BE A POST OFFICE BOX)		ORIGINATE OR STATE
		D
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JEAN R. DUPOUX 3629 DAVIE BLVD		
		FORT LAUDERDALE FL 33312	☐ Remove
AMBR	SOPHIA DUPOUX	3629 DAVIE BLVD	□ Add
		FORT LAUDERDALE FL 33312	☐ Remove
			□ Change
			□ Remove
			Change
			Adđ
			□ Remove
			ZA CHATGO
			HASSEE TO
			Remove T. S. TATONAMA
			□ Add
			□ Remove
			Change

N/A			
1			
<u> </u>			
· · · · · · · · · · · · · · · · · · ·			
	JUNE 1, 2015		
rective date, it other than meffective date is listed, the date	the date of filing: JUNE 1, 2015	(optional) g or more than 90 days after filing.) Pursuant to 605.	020
ote: If the date inserted in thi	s block does not meet the applicable statutory	filing requirements, this date will not be listed	
cument's effective date on th	e Department of State's records.		
		tive time, at 12:01 a.m. on the earlie	er o
The 90th day after the	ecord is filed.		
		=1,0 ==	
JUNE 1	3015	ALL S	-
		FRE S	
		TAR ASS	.
	Signature of a member or authorized represen		
AMBR		ma a	N 7: 50

Page 3 of 3

Filing Fee: \$25.00