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(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

AN 10 10
T. HAMPTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: HI LINE INSURANCE 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:

JEAN DUPOUX

Name of Person

HI LINE INSURANCE

Firm/Company

3629 DAVIE BLVD

Address

FORT LAUDERDALE FL 33312

City/State and Zip Code

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

For further information concerning this matter, please call:

JEAN DUPOUX

954

791-6671

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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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	JEAN R. DUPOUX	3629 DAVIE BLVD	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SOPHIA DUPOUX	3629 DAVIE BLVD	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

N/A


E. Effective date, if other than the date of filing: JUNE 1, 2015 (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 JUNE 1, 3015



Signature of a member or authorized representative of a member

AMBR

Typed or printed name of signer

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