

L140018607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

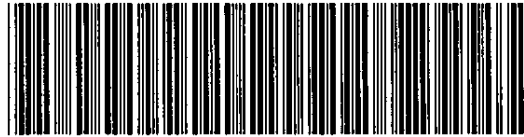
(Business Entity Name)

(Document Number)

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15 JUL 20 PM 5:09
CLERK OF SUPERIOR COURT
MILLAN, J. P. 1001

JUL 21 2015

S. YOUNG

Name change added as part of the amendment filing to allow for proper LLC suffix, as it was originally accepted incorrectly in error by part of this office.

MMilligan; 08/11/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Hi-line Insurance CO
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

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 at 954 791-6671
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

FILED
JUL 20 PM 5:09
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hi-line Insurance CO

(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 12/4/14 and assigned
Florida document number L14000185607

This amendment is submitted to amend the following:

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

HI-LINE INSURANCE CO., LLC

The new name must be distinguishable and contain 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:

Jean Dupoux

New Registered Office Address:

3629 Davie Blvd

Enter Florida street address

Fort Lauderdale

City

Florida

33312

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, 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	Sophia M Dpox	3629 Davie Blvd	<input type="checkbox"/> Add
		Fort Lauderdale FL	<input checked="" type="checkbox"/> Remove
		33312	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FBI - MIAMI

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ional)

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.

Dated

7/8/15

Signature of a member or authorized representative of a member

Typed or printed name of signee

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15 JUL 20 PM 5:09
SECRETARY OF STATE
FALLA-STE, 10000