

L14000196698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

R-A. Sign

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2015

JASON GREIF
5404 HOOVER BOULEVARD, SUITE 20
TAMPA, FL 33634

SUBJECT: TAMPA BAY HEALTH INSURANCE ADVISORS LLC
Ref. Number: L14000196698

We have received your document for TAMPA BAY HEALTH INSURANCE ADVISORS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 415A00026273

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Bay Health Insurance Advisors 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:

Jason Greif

Name of Person

Tampa Bay Health Insurance Advisors LLC

Firm/Company

5404 Hoover Blvd Suite 20

Address

Tampa, FL 33634

City/State and Zip Code

jaygreif@gmail.com

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

For further information concerning this matter, please call:

Jason Greif

813 309-2208
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tampa Bay Health Insurance Advisors 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 December 30 2014
Florida document number L14000196698

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TALLAHASSEE, FLORIDA

and assigned

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 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:

Kelley Greif

New Registered Office Address:

Enter Florida street address

Florida

City

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	Kelley Greif	402 S. Royal Poinciana Dr. Tampa,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK ASSESSOR FLORIDA

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

Kelley Greif is 10% share holder therefore will own 10 issued ^{shares} ~~stocks~~ of Tampa Bay Health Insurance Advisors LI

E. Effective date, if other than the date of filing: _____ **(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 December 8th

2015

Signature of a member or authorized representative of a member

Jason Greif

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FLORIDA