L15000020764

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	+)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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AND A HASSET, FLORIDA

MAR - 4 2015

T. HAMPTON

COVER LETTER

10:	Division of Corporations
SUBJE	Goodman CLC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Phyllis Goodman Name of Person
	Phyllis & Kennett Goodman LLC Firm/Company
	P. O. Box 9842 Address
	City/State and Zip Code Phyllrc DD L. Com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
Ph	YIIS Goodman at (904) 444 2138 Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Co

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





February 25, 2015

PHYLLIS GOODMAN P O BOX 9842 JACKSONVILLE, FL 32209

SUBJECT: PHYLLIS & KENNETH GOODMAN INS., LLC

Ref. Number: L15000020764

We have received your document for PHYLLIS & KENNETH GOODMAN INS., LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have 1 LLC name.

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 215A00003927

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

Phyllis & Kenneth Goodman, Ins., LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number L15000020764		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Phyllis Goodman & Kenneth Goodman, General A	gents for Columbian Life Ins. C	o., LLC	
The new name must be distinguishable and end with the words "Limited Li	iability Company," the designation "LLC" or		
Enter new principal offices address, if applicable:		ALECT ST.	
(Principal office address MUST BE A STREET ADDRESS)	6861 Richardson Road		
	Jacksonville, FL 32208	22	
Enter new mailing address, if applicable:	NA	OF STATE	
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the new	
Name of New Registered Agent: NA		······································	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	l	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	ıt:		
I hereby accept the appointment as registered agent and ag	gree 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NA			Add
			□ Remove
NA			🗆 Add
			□ Remove
NA			□ Add
		TALL	Remove
NA			15 MAR - Add PH Refrove
		7	Refrove 5
NA			🗆 Add
			□ Remove
NA		•	□ Add
		***************************************	_□ Remove

i amending any other infort	mation, enter change(s) here: (Attach addition	ai sneets, if necessary.)
		•
Effective date, if other than the effective date must be specific, continued this document is filed by the	annot be prior to date of receipt or filed date and cannot be i	(optional) more than 90 days after
Dated	<u>2015</u>	
Phyllis 90	rodness Kennoth S	Dordnon
0	Signature of a member or authorized representative of n, Kenneth G. Goodman	a member U
- · · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
ANASSEE, FLORID