

L15000020764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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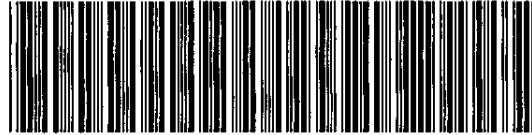
(Business Entity Name)

(Document Number)

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15 MAR -4 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 4 2015  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Phyllis + Kenneth  
Goodman 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:

Phyllis Goodman  
Name of Person

Phyllis + Kenneth Goodman LLC  
Firm/Company

P. O. Box 9842  
Address

JACKSONVILLE FL 32209  
City/State and Zip Code

phyllrc@ddl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Goodman at (904) 444 2138  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 MAR -11 AM 10:00  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

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 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 February 3, 2015 and assigned Florida document number L15000020764.

This amendment is submitted to amend the following:

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

Phyllis Goodman & Kenneth Goodman, General Agents for Columbian Life Ins. Co., LLC

The new name must be distinguishable and end with 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)**

6861 Richardson Road  
Jacksonville, FL 32208

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

NA

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TALLAHASSEE, FLORIDA

**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: NA

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.*

NA

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>	<u>Address</u>	<u>Type of Action</u>
NA	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
NA	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
NA	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
NA	_____	_____	<input type="checkbox"/> Add
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NA	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/2/ \_\_\_\_\_, 2015

Phyllis Goodman Kenneth G. Goodman  
Signature of a member or authorized representative of a member

Phyllis Goodman, Kenneth G. Goodman  
Typed or printed name of signee

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