

L15000030545

(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:

04085 corp LLC

Office Use Only



000314496970

06/14/18--01013--018 **43.75

07/17/18--01006--025 **11.25

2018 JUL 11 AM 8:07

B FIGUEROA

JUL 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2018

Christian Fernandez
1300 E HILLSBORO BLVD
STE 200
DEERFIELD BEACH, FL 33441

SUBJECT: SERUBI LLC
Ref. Number: L15000030545

We have received your document for SERUBI LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 418A00012668



REC'D
2018 JUL 11 AM 10:06
JUL 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERUBI 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:

Christian Fernandez

Name of Person

Serubi, LLC

Firm/Company

1300 E Hillsboro Blvd. Suite 200

Address

Deerfield Beach, FL 33441

City/State and Zip Code

Christian@thefacilitypro.com

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

For further information concerning this matter, please call:

Christian Fernandez

786

277-7534

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**

Serubi, 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 18th, 2015 and assigned Florida document number L15000030545.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

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>
MGR	Jonathan Katz	1300 E Hillsboro Blvd. Suite 20C	<input type="checkbox"/> Add
		Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

2018 JUL 11 AM 8:07
CLERK OF SUPERIOR COURT
JUL 11

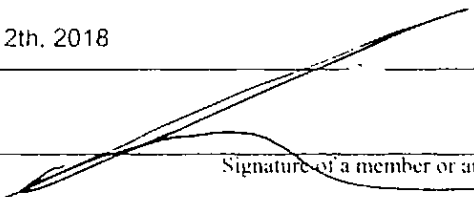
E. Effective date, if other than the date of filing: June 12th, 2018 (optional)

(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 12th, 2018



Signature of a member or authorized representative of a member

Christian Fernandez

Typed or printed name of signee



State of Vermont
Department of Financial Regulation
89 Main Street
Montpelier, VT 05620-3101
www.dfr.vermont.gov

For consumer assistance
[All Insurance] 800-964-1784
[Securities] 877-550-3907
[Banking] 888-568-4547

IT IS HEREBY CERTIFIED THAT

CUSA Risk Retention Group, Inc.

a domestic captive insurance company of Burlington, Vermont is authorized to do
business in this state and, is reputable, that it is in Good Standing with this Department.

IN WITNESS WHEREOF, I
have hereunto set my hand,
and affixed the official seal
of this Department at the City
of Montpelier, this 12th day of
April, 2018.

A handwritten signature in black ink, reading 'David F. Provost' with a stylized flourish at the end.

DAVID F. PROVOST
DEPUTY COMMISSIONER
CAPTIVE INSURANCE

CERTIFICATE VALID WITH WATERMARK

Banking
802-828-3307

Insurance
802-828-3301

Captive Insurance
802-828-3304

Securities
802-828-3420