

L15000055234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

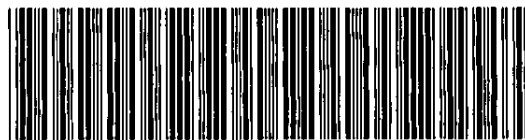
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA
MAY 12 2015

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DEPARTMENT OF REVENUE

RECEIVED

MAY 12 PM 1:54

MAY 13 2015

D. BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 596423 8041253

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 20, 2015

ORDER TIME : 10:40 AM

ORDER NO. : 596423-010

CUSTOMER NO: 8041253

DOMESTIC AMENDMENT FILING

NAME: SENIOR CITIZENS INSURANCE
SERVICES OF THE PALM BEACHES,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: _____

FILED
2015 MAY 12 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Citizens Insurance Services Of The Palm Beaches, 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:

J. JEROME TAYLOR
Name of Person

SENIOR CITIZENS Insurance SVC OF the P.B., LLC
Firm/Company

1906 W. 23rd Street
Address

Riviera Beach, FL 33404
City/State and Zip Code

JJT1224@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Jerome Taylor
Name of Person at (561) 267-7739
Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 12 AM 11:11

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Senior Citizens Insurance Services Of The Palm Beaches, 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 03/27/2015 and assigned
Florida document number L15000055234.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

P.O. Box 8678

West Palm Bch FL 33410

FILED
2015 MAY 12 AM 11:21
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, 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:

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 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>
AMBR	Jay Jerome Taylor	1906 West 23rd Street, Riviera Beach, FL 33404	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	J. Jerome Taylor	1906 West 23rd Street, Riviera Beach, FL 33404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2016 MAY 12 AM 11:11
CLERK OF STATE
TREASURY OF FLORIDA

FILED

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 MAY 5, 2015

J. Jerome Taylor

Signature of a member or authorized representative of a member

J. Jerome Taylor

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 MAY 12 AM 11:11
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

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