

L15000094618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

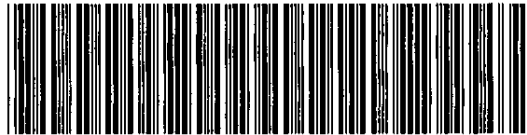
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 7/10 LA msg

name conflict

Office Use Only



600275216446

07/27/15--01039--023 **25.00

FILED
AUG 11 P 12:26
SECRETARY OF STATE
LAHASSEE, FLORIDA

AUG 12 2015

3 MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2015

MORGAN MORAN
183 LANDRUM LANE #103
PONTE VEDRE BEACH, FL 32082

SUBJECT: MORAN INSURANCE VERO BEACH, LLC
Ref. Number: L15000094618

We have received your document for MORAN INSURANCE VERO BEACH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L10000059268 JUSTINE RODGERS SIGNATURE INSURANCE LLC.

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: 815A00015795

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORAN INSURANCE VERO BEACH, 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:

MORGAN MORAN

Name of Person

MORAN INSURANCE, LLC

Firm/Company

183 Landrum Ln #103

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

MORGAN@MORANFINANCIALSOLUTIONS.COM

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

For further information concerning this matter, please call:

MORGAN MORAN

Name of Person

at (904) 687-4361

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**

MORAN INSURANCE VERD BEACH, 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 5/29/15 and assigned
Florida document number L15000094618

This amendment is submitted to amend the following:

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

Justine Rodgers Signature Insurance LLC

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:

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

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15 AUG 11 PM 12:26
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TALLAHASSEE, FLORIDA

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>
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115 AUG 11 P 12 26
SECRETARY OF STATE
TAMPA, FLORIDA

☐ Change

☐ Add

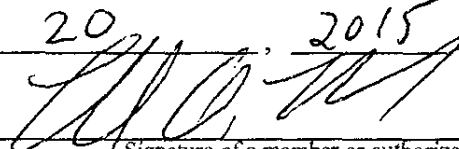
☐ Remove

☐ Change

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: 8/1/2015 (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 July 20, 2015


Signature of a member or authorized representative of a member

MORGAN MORAN

Typed or printed name of signer

FILED
2015 AUG 11 P 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stacy M Mason

SUBJECT: MORAN INSURANCE VERO BEACH, LLC

REF: L15000094618

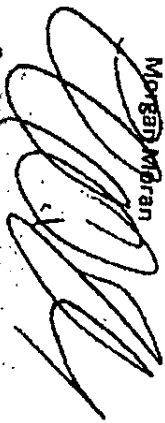
Hi Stacy,

I purchased the assets and name of Justine Rodgers Signature Insurance, LLC and would like to update my existing corporation to MORAN INSURANCE VERO BEACH, LLC to JUSTINE RODGERS SIGNATURE INSURANCE, LLC. The document number with the current name conflict will stay open for a short period of time until we close it down. Please call me if you need any further clarification at 904-687-4361.

Sincerely,

Morgan Moran

President


Justin Rodgers
Justine Rodgers

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 11 P 12:27

FILED

August 1, 2015

Stacy M Mason

SUBJECT: MORAN INSURANCE VERO BEACH, LLC

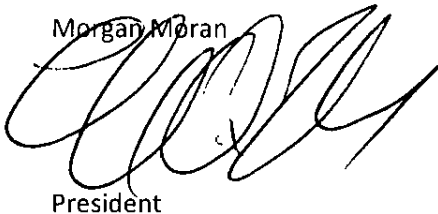
REF: L15000094618

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I purchased the assets and name of Justine Rodgers Signature Insurance, LLC and would like to update my existing corporation to MORAN INSURANCE VERO BEACH, LLC to JUSTINE RODGERS SIGNATURE INSURANCE, LLC. The document number with the current name conflict will stay open for a short period of time until we close it down. Please call me if you need any further clarification at 904-687-4361.

Sincerely,

Morgan Moran

A handwritten signature in black ink, appearing to read 'Morgan Moran', written over the printed name.

President

015 AUG 11 P 12:26
SECRETARY OF STATE
LAHASSEE, FLORIDA

FILED