

115000186684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

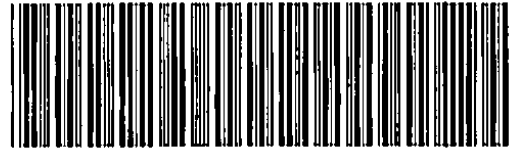
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



40033440229

09 25/19--01005--020

2019

Amen

OCT 11 2019
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Homeowners Insurance Agency of Dunedin, 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:

Jeffrey Miller

Name of Person

Homeowners Insurance Agency of Dunedin, LLC

Firm/Company

400 Douglas Ave Ste B

Address

Dunedin, FL 34698

City/State and Zip Code

Jeff@securemeinc.com

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

For further information concerning this matter, please call:

Jeffrey Miller at (727) 734-9111
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

Homeowners Insurance Agency OF Dunedin, 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 11/3/2015 and
Florida document number 1.15000186684.

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

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)

400 Douglas Ave Ste B

Dunedin, FL 34698

**B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jeffrey Miller

New Registered Office Address:

400 Douglas Ave Ste B

Enter Florida street address

Dunedin

City

Florida 34698

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Typ</u>
MGR	Jeffrey Miller	400 Douglas Ave Ste B Dunedin, FL. 34698	<input type="checkbox"/> .
			<input type="checkbox"/> I
			<input checked="" type="checkbox"/> C
MGR	Michael Miller	400 Douglas Ave Ste B Dunedin, FL. 34698	<input checked="" type="checkbox"/> /
			<input type="checkbox"/> R
			<input type="checkbox"/> C
MGR	John R Bolger		<input type="checkbox"/> A
		2240 Belleair RD Clearwater Fl 33764	<input checked="" type="checkbox"/> R
			<input type="checkbox"/> Ch
MGR	Gregory K Snodgrass		<input type="checkbox"/> Ad
		2240 Belleair Rd Clearwater FL 33764	<input checked="" type="checkbox"/> Rer
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Cha

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

Change of Article III Removing the provision that Homeowners Insurance agency of Dunedin, LLC will

be a subsidiary of Homeowners Insurance Agency Inc. - #P9800047973

Change Article IV Registered Agent to Jeffrey Miller 400 Douglas Ave Ste B Dunedin, FL 34698

Change of Article V Remove Gregory Snodgrass, Remove John Bolger

Change of Article V address for Jeffrey Miller 400 Douglas Ave Ste B Dunedin, FL 34698

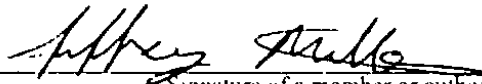
E. Effective date, if other than the date of filing: _____ (optional)

(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 6

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ear
(b) The 90th day after the record is filed.

Dated September 16, 2019



Signature of a member or authorized representative of a member

Jeffrey Miller

Typed or printed name of signer