

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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(((H16000050019 3)))



H160000500193ABCW

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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : KIM MARKS CPA  
 Account Number : I20120000072  
 Phone : (305)895-5815  
 Fax Number : (305)895-6273

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

16 FEB 26 PM 2:07

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**MCDANIEL INSURANCE AGENCY LLC**

Certificate of Status	0
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FEB 29 2016

S. YOUNG

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

H160000500193

SUBJECT: MCDANIEL INSURANCE AGENCY 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:

SUE ANN MCDANIEL

Name of Person

MCDANIEL INSURANCE AGENCY LLC

Firm/Company

818 W VILLAGE CIRCLE

Address

PLANTATION, FL 33325

City/State and Zip Code

STEPHEN@KIMMARKSCPA.COM

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

For further information concerning this matter, please call:

STEPHEN KORN

305 895-5815  
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)

H160000500193

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**H16 0000500193**

MCDANIEL INSURANCE AGENCY 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 01/06/2016 and assigned Florida document number L16000004776.

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 "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)

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**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*

*City*

*Florida*

*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.*

**H160000500193**

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

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Title	Name	Address	Type of Action
AMBR	SOLOMON MCDANIEL	818 W VILLAGE CIRCLE	<input type="checkbox"/> Add
		PLANTATION FL 33180	<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"/> Remove
			<input type="checkbox"/> Change

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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)**

(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

26 Feb 2016

Signature of a member or authorized representative of a member

SUE ANN McDANIEL

Typed or printed name of signee

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