

L19000 105 167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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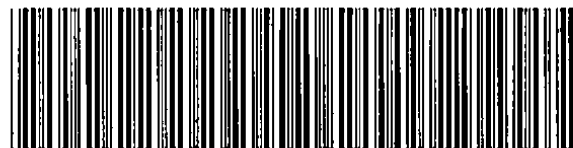
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. SULKER

SEP 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

BUTLER INSURANCE SERVICES 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:

MARC BUTLER

Name of Person

BUTLER INSURANCE SERVICES LLC

Firm/Company

1322 Lake Baton Drive

Address

DeHoma, Florida, 32725

City/State and Zip Code

BISmedicareSolutions@gmail.com

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

For further information concerning this matter, please call:

MARC BUTLER

Name of Person

at (407)

Area Code

402-6783

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**

BUTLER INSURANCE SERVICES 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 04/17/2019 and assigned Florida document number L19000105167.

This amendment is submitted to amend the following:

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

NONE
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)

NONE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NONE

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:

NONE

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 AMBR	MARC BUTLER	1322 Lake baten Drive Deltona, Florida, 32725	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		"AMBR" →	<input checked="" type="checkbox"/> Change
AMBR	MARISELLE BUTLER	1322 Lake baten Drive Deltona, Florida, 32725	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		"AMBR" →	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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