

L19000 163 837

(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



100333353801

08/26/19--01012--020 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 26 AM 8:48

FILED

SEP 06 2019
C. Kins

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY HOME INSURANCE 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:

ELIZABETH A. GANNON

Name of Person

Firm/Company

7145 KAYLOR AVE

Address

COCOA FL 32927

City/State and Zip Code

LIZ.INSURANCE@OUTLOOK.COM

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

For further information concerning this matter, please call:

ELIZABETH GANNON (F/K/A Elizabeth Rose)

407

448-6740

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)

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**

MY HOME INSURANCE 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 06/21/2019 and assigned
Florida document number 1.19000163837.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7145 KAYLOR AVE

COCOA, FL 32927

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7145 KAYLOR AVE

COCOA, FL 32927

FILED
2019 AUG 26 AM 8:48
S.E. COVINGTON
TALLAHASSEE, FL

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:

ELIZABETH A. GANNON

New Registered Office Address:

7145 KAYLOR AVE

Enter Florida street address

COCOA

Florida 32927

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	ELIZABETH A. GANNON	7145 KAYLOR AVE. COCOA FL 32927	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIAM T. GANNON		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7145 KAYLOR AVE. COCOA FL 32927	<input checked="" type="checkbox"/> Change
MGR	ELIZABETH A. ROSE		<input type="checkbox"/> Add
		318 FOXBORO CT, LAKE MARY FL 32746	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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.

Dated AUGUST 21 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

GRANT MALOY, SEMINOLE COUNTY
CLERK OF CIRCUIT COURT & COMPTROLLER
CFN# 2019075592 Bk:9394 Page:1408 (1Pgs)
REC: 07/16/2019 8:48:58 AM by jeckenroth
RECORDING FEES \$0.00

19-0271(W)

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 NAME OF SPOUSE (First, Middle, Last) ELIZABETH ANN ROSE		1b MAIDEN SURNAME (if applicable)	2 DATE OF BIRTH (Month, Day, Year) 07/29/1979
3a RESIDENCE - CITY, TOWN, OR LOCATION 318 FOXBORO COURT, LAKE MARY	3b COUNTY SEMINOLE	3c STATE FLORIDA	4 BIRTHPLACE (State or Foreign Country) 32746 NORTH CAROLINA
5 NAME OF SPOUSE (First, Middle, Last) LIAM T GANNON		5b MAIDEN SURNAME (if applicable)	6 DATE OF BIRTH (Month, Day, Year) 02/14/1975
7a RESIDENCE - CITY, TOWN, OR LOCATION 318 FOXBORO COURT, LAKE MARY	7b COUNTY SEMINOLE	7c STATE FLORIDA	8 BIRTHPLACE (State or Foreign Country) 32746 NEW YORK

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9 SIGNATURE OF SPOUSE (Sign full name using black ink)

10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

06/20/2019

11 TITLE OF OFFICIAL
DEPUTY CLERK

12 SIGNATURE OF OFFICIAL (Use black ink)

Pamela Beverly

13 SIGNATURE OF SPOUSE (Sign full name using black ink)

14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

06/20/2019

15 TITLE OF OFFICIAL
DEPUTY CLERK

16 SIGNATURE OF OFFICIAL (Use black ink)

Pamela Beverly

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17 COUNTY ISSUING LICENSE

18 DATE LICENSE ISSUED

18a DATE LICENSE EFFECTIVE

19 EXPIRATION DATE

SEMINOLE

06/20/2019

06/23/2019

08/19/2019

20a SIGNATURE OF COURT CLERK OR JUDGE

GRANT MALOY, CLERK OF THE CIRCUIT COURT & COMPTROLLER

BY: Pamela Beverly

D.C.

20b TITLE

DEPUTY CLERK

20c BY D.C.

PB

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year)

22 CITY, TOWN, OR LOCATION OF MARRIAGE

07/06/2019

Lake Mary, FL

23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

23c ADDRESS (Of person performing ceremony)

2533 Grassy Point Dr. Lake Mary

23b NAME AND TITLE OF PERSON PERFORMING CEREMONY

24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Carmen Vignen

25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

Coe Kulcoyle



Notary Public State of Florida
Amy L. Protheroe
My Commission GG 256226
Expires 08/08/2022

INFORMATION FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED

Alicia Thomas
7-17-2019