

L19 000 250 906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

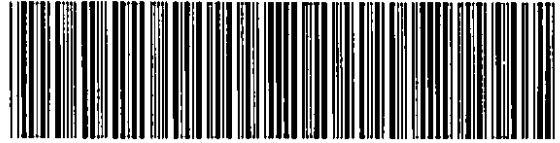
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

709-613-523-524-



500342273355

04/06/20--01011--033 *\$25.00

2020 JUN 27 PM 4:25

RECEIVED

JUL 27 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OneSource 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:

Deborah Hoffman

Name of Person

OneSource Insurance Agency, LLC

Firm/Company

10192 Grand River, Suite 113

Address

Brighton, MI 48116

City/State and Zip Code

deb.hoffman1@gmail.com

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

For further information concerning this matter, please call:

Suzie Miller

810 225-8555

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2020

BRET HOFFMAN ***3RD MAILING***
C/O ONESOURCE INSURANCE AGENCY LLC
1990 MAIN STREET - SUITE 750
SARASOTA, FL 34236

SUBJECT: ONESOURCE INSURANCE AGENCY, LLC
Ref. Number: L19000250906

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please correct the document number.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 420A00009237



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2020

DEBORAH HOFFMAN ***2ND MAILING***
C/O ONESOURCE INSURANCE AGENCY LLC
1990 MAIN STREET - SUITE 750
SARASOTA, FL 34236

SUBJECT: ONESOURCE INSURANCE AGENCY, LLC
Ref. Number: L19000250906

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please correct the document number.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 420A00009237

2020 APR 21 10:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2020

DEBORAH HOFFMAN
1990 MAIN STREET
SUITE 750
SARASOTA, FL 34236

SUBJECT: ONESOURCE INSURANCE AGENCY, LLC
Ref. Number: L19000250906

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity's date of incorporation/organization must be listed in the document.

Please correct the document number.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 720A00008250

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

OneSource Insurance Agency, LLC

2021.11.20 PM 4:25

(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 10/07/2019 and assigned
Florida document number L19000250906.

This amendment is submitted to amend the following:

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

Deborah Hoffman Insurance Agency, LLC

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)

8595 College Parkway

Suite 160

Fort Myers, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10192 Grand River

Suite 113

Brighton, MI 48116

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:

Deborah Hoffman

New Registered Office Address:

8595 College Parkway, Suite 160

Enter Florida street address

Fort Myers

City

Florida 33919

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.

Deborah Hoffman

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	Bret Hoffman	1990 Main St, Suite 750	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deborah Hoffman	8595 College Parkway, Suite 160	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33919	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Update FEIN number to 47-2545894

[illegible]

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 June 24 2020

Deborah Hoffman

Signature of a member or authorized representative of a member

Deborah Hoffman

Typed or printed name of signee

Filing Fee: \$25.00