

h20 000315831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

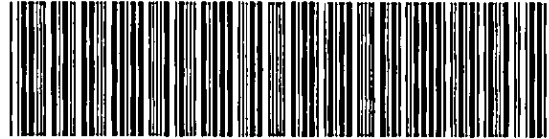
(Business Entity Name)

(Document Number)

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2022 SEP 19 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SIMMONS INSURANCE GROUP 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:

Andrew Rosin

\_\_\_\_\_  
Name of Person

Andrew Rosin PA

\_\_\_\_\_  
Firm/Company

1966 Hillview Street

\_\_\_\_\_  
Address

Sarasota, FL 34239

\_\_\_\_\_  
City/State and Zip Code

arosin@rosinlawfirm.com

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

For further information concerning this matter, please call:

Andrew Rosin

941

359-2604

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

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

SIMMONS INSURANCE GROUP 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 10/06/2020 and assigned  
Florida document number L20000315831.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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

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

FILED  
2022 SEP 19 AM 11:01  
TALLAHASSEE, FL  
SECRETARY OF STATE

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

| Title | Name          | Address            | Type of Action                          |
|-------|---------------|--------------------|---|
| AMBR  | Sarah Simmons | 515 N Shore Drive  | <input checked="" type="checkbox"/> Add |
|       |               | SARASOTA, FL 34234 | <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         |
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|       |               |                    | <input type="checkbox"/> Add            |
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|       |               |                    | <input type="checkbox"/> Add            |
|       |               |                    | <input type="checkbox"/> Remove         |
|       |               |                    | <input type="checkbox"/> Change         |

[illegible]

(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)

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.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



Department of State / Division of Corporations / Search Records / Search by Entity Name /

## Detail by Entity Name

Florida Limited Liability Company  
SIMMONS INSURANCE GROUP LLC

### Filing Information

Document Number L20000315831  
FEI/EIN Number 85-3507809  
Date Filed 10/06/2020  
State FL  
Status ACTIVE  
Last Event LC AMENDMENT  
Event Date Filed 05/06/2021  
Event Effective Date NONE

### Principal Address

515 N Shore Drive  
SARASOTA, FL 34234

Changed: 02/04/2021

### Mailing Address

515 N. Shore Drive  
SARASOTA, FL 34234

Changed: 02/04/2021

### Registered Agent Name & Address

EZ TAX SOLUTIONS INC  
2975 BEE RIDGE ROAD  
D  
SARASOTA, FL 34239

### Authorized Person(s) Detail

#### Name & Address

Title AMBR

SIMMONS, JESSICA  
515 N SHORE DRIVE  
SARASOTA, FL 34234

① Sign

② need

\$ 25.00

9-12-22  
✓  
pd  
ck  
12588

*Handwritten signature*

AMBR

Manager Member or Managing member  
Sarah Simmons

### Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2021        | 02/04/2021 |
| 2022        | 03/10/2022 |

#### Document Images

|  |  |
|--|--|
| <u>03/10/2022 -- ANNUAL REPORT</u>             | <a href="#">View image in PDF format</a> |
| <u>05/06/2021 -- LC Amendment</u>              | <a href="#">View image in PDF format</a> |
| <u>02/04/2021 -- ANNUAL REPORT</u>             | <a href="#">View image in PDF format</a> |
| <u>10/06/2020 -- Florida Limited Liability</u> | <a href="#">View image in PDF format</a> |