

MO7000005589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

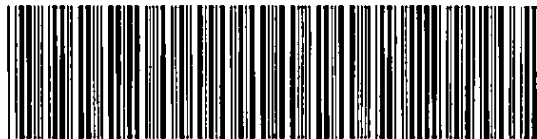
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2019 FEB 14 AM 11:39

STATE OF MISSISSIPPI
TALMADGE

R. WHITE

FEB 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BLOOM INSURANCE AGENCY, LLC**

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LICENSING & STAFFING DEPARTMENT

Name of Person

BLOOM INSURANCE AGENCY, LLC

Firm/Company

1331 S CURRY PIKE

Address

BLOOMINGTON, IN 47403

City/State and Zip Code

LICENSING@BLOOMINSURANCEAGENCY.COM

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

For further information concerning this matter, please call:

KERI TABOR

Name of Person

at (**812**)

650-5807 EXT 4110

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BLOOM INSURANCE AGENCY, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M07000005589

3. Jurisdiction of its organization: INDIANA

4. Date authorized to do business in Florida: 09-17/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

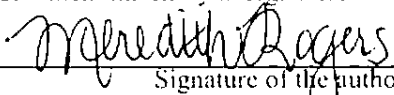
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

LLC - MANAGER CHANGE

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGER	MEREDITH ROGERS	1331 S CURRY PIKE	<input checked="" type="checkbox"/> Add
		BLOOMINGTON, IN 47403	<input type="checkbox"/> Remove
MANAGER	BRYAN KEEVEN	1111 ELLERMAN RIDGE DR	<input type="checkbox"/> Add
		FORISTELL, MO 63348	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
MEREDITH ROGERS

Typed or printed name of signee

Filing Fee: \$25.00

State of Indiana
Office of the Secretary of State

Certified Copies

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 4 page document consisting of the following records filed in this office:

Certification Date: February 06, 2019
Business Name: BLOOM INSURANCE AGENCY LLC
Business ID: 2007071700360

Transaction	Date Filed	No. of pages
Articles of Amendment	02/01/2019	4
Total No. of pages		4



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 06, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2007071700360 / 10807613

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>
Expires on March 08, 2019.

**State of Indiana
Office of the Secretary of State**

**Certificate of Amendment
of
BLOOM INSURANCE AGENCY LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, January 31, 2019.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 01, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2007071700360 / 8164838

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
02/01/2019 08:22 AM

ARTICLES OF AMENDMENT

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 2007071700360
BUSINESS TYPE Domestic Limited Liability Company
BUSINESS NAME BLOOM INSURANCE AGENCY LLC
PRINCIPAL OFFICE ADDRESS 1331 S Curry Pike, Bloomington, IN, 47403, USA
DATE AMENDMENT WAS ADOPTED 01/31/2019

ARTICLE II - EFFECTIVE DATE

EFFECTIVE DATE 01/31/2019
EFFECTIVE TIME 03:44PM

ARTICLE III - FOREIGN INFORMATION

DATE OF ADOPTION 01/24/2019
TITLE Member
NAME Sherman Rogers
ADDRESS 1801 S. Liberty Drive, Suite 200, Bloomington, IN, 47401, USA
TITLE Member
NAME Raymond Trevino
ADDRESS 1801 S. Liberty Drive, Suite 200, Bloomington, IN, 47403, USA
TITLE Manager
NAME Meredith Lianne Rogers
ADDRESS 3500 South Snoddy Road, Bloomington, IN, 47401, USA

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S) Yes
IS THE LLC A SINGLE MEMBER LLC? No

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
02/01/2019 08:22 AM

SIGNATURE

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, AND THE ARTICLES OF ORGANIZATION.

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY January 31, 2019.

SIGNATURE

James P. Bohrer

TITLE

Agent

Business ID : 2007071700360

Filing No. : 8164838

ARTICLES OF AMENDMENT OF THE
ARTICLES OF ORGANIZATION OF
BLOOM INSURANCE AGENCY LLC


The undersigned, a natural person of at least eighteen (18) years of age, being duly authorized to execute these *Articles of Amendment* of the *Articles of Organization* of **Bloom Insurance Agency LLC** does, hereby make the following amendment to the *Articles of Organization* of Bloom Insurance Agency LLC as amended by the previous *Articles of Amendment* filed on behalf of the LLC:

The Manager of the Company shall be as follows:

Meredith Lianne Rogers
3500 South Snoddy Road
Bloomington, IN 47401

This Manager replaces the prior Manager set forth in the *Articles of Amendment* filed on October 24, 2016 and modifies the *Articles of Organization*, Article 6, Section 6.2 only to the extent of the change of name and address as set forth herein.

BLOOM INSURANCE AGENCY LLC


By: James F. Bohrer
Its. Registered Agent



To Whom It May Concern,

Effective January 31, 2019, Bloom Insurance Agency, LLC has made a change in manager status. Our current manager, Bryan Keeven resigned from his current position with Bloom Insurance Agency, LLC. We would like his manager status with Bloom Insurance Agency, LLC to be terminated effective January 31, 2019.

Bloom Insurance Agency, LLC has named Meredith Rogers, as the new Manager of Bloom Insurance Agency, LLC as of January 31, 2019.

Please make all necessary changes in regards to the agency.

Should you have any questions regarding this matter, please feel free to contact Keri Tabor at 812.650.5807 ext. 4110

Thank You,

A handwritten signature in black ink that reads "Meredith Rogers".

Meredith Rogers
Designated Responsible Agent
Bloom Insurance Agency, LLC (FEIN# 26-0640936)
1331 S Curry Pike
Bloomington, IN 47403
P: 812.650.5807 ext. 4110
F: 812-269-3865
E: ktabor@bloominsuranceagency.com

A handwritten signature in black ink that reads "Bryan Keeven".

Bryan Keeven
Previous Principle Agent