

MI200002479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

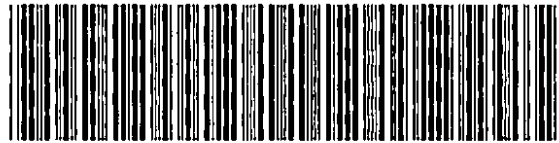
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/12/18--01019--009 **30.00

2018 JUN 12 A 8:01

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC/SMITH, CROPPER & DEELEY 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:

Lisa Briddell

Name of Person

Deeley Insurance Group, LLC

Firm/Company

7171 Bent Pine Road; PO Box 770

Address

Willards, Maryland 21874

City/State and Zip Code

lbriddell@deeleyinsurance.com

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

For further information concerning this matter, please call:

Lisa Briddell

Name of Person

at (410) 213-5573

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

2010 JUN 12 A 8:01

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**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: ATLANTIC/SMITH, CROPPER & DEELEY 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: M12000002479

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 05/02/2012

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

5. New name of the limited liability company: Deeley Insurance Group, LLC
(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.

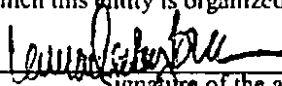
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Laura Deeley Bren	7171 Bent Pine RD; Willards, MD 21874	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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

Laura Deeley Bren

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DEELEY INSURANCE GROUP, LLC (W03719903), REGISTERED AUGUST 24, 1993, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 04, 2018.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: rpMBANW5SUyHFK1SbV6SKw
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

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JUN 12 A 8:01

STATE OF MARYLAND
Department of Assessments and Taxation

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 2 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC

for

DEELEY INSURANCE GROUP, LLC

(Department ID: **W03719903**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this June 08, 2018.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: NZOs87kYSECrj-7E0ajvqQ
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

Certified Documents with a verifiable Authentication Code are Official, State-Approved Documents

2018 JUN 12 A 8:01

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CORPORATE CHARTER APPROVAL SHEET

Approval Number: 1000362011169770

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 41A BUSINESS CODE _____

W03719903

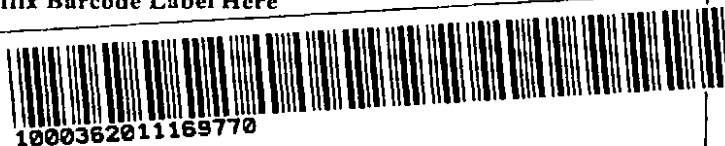
Close _____ Stock _____ Nonstock _____

P A _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

Affix Barcode Label Here



ID # W03719903 ACK # 1000362011169770
PAGES: 0002
DEELEY INSURANCE GROUP, LLC

03/12/2018 AT 10:33 A NO # 0004846487

New Name

Deeley Insurance Group, LLC

FEES REMITTED

Base Fee	<u>100</u>
Org & Cap Fee	_____
Expedite Fee	_____
Penalty	_____
State Recordation Tax	_____
State Transfer Tax	_____
Certified Copies	_____
Copy Fee	_____
Certificates	_____
Certificate of Status Fee	_____
Personal Property Filings	_____
Mail Processing Fee	_____
Other	_____

TOTAL FEES 100

Credit Card _____ Check _____ Cash _____

_____ Documents on _____ Checks

Approved By 15

Keyed By _____

COMMENT(S)

<input checked="" type="checkbox"/>	Change of Name
_____	Change of Principal Office
_____	Change of Resident Agent
_____	Change of Resident Agent Address
_____	Resignation of Resident Agent
_____	Designation of Resident Agent
_____	and Resident Agent's Address
_____	Change of Business Code
_____	Adoption of Assumed Name
_____	Other Change(s)

Code _____

Attention _____

Mail Names and Address

ROBINS & ROBINS, P.A
JOHN B. ROBINS, IV
126 EAST MAIN STREET
PO BOX 506
SALISBURY MD 21803-0506

Stamp Work Order and Customer Number HERE

CUST ID 0003629910
WORK ORDER.0004846487
DATE 03-14-2018 11 00 AM
AMT PAID.\$100 00

ARTICLES OF AMENDMENT

OF

ATLANTIC/SMITH, CROPPER & DEELEY, LLC

ATLANTIC/SMITH, CROPPER & DEELEY, LLC, a Maryland Limited Liability Company, having its principal office in Wicomico County, Maryland, hereinafter referred to as the "Company," hereby certifies to the State Department of Assessments and Taxation of Maryland.

FIRST. The Articles of Organization of ATLANTIC/SMITH, CROPPER & DEELEY, LLC, are hereby amended to change the name of the Company from "ATLANTIC/SMITH, CROPPER & DEELEY, LLC," to

"DEELEY INSURANCE GROUP, LLC"

SECOND: The Articles of Organization of ATLANTIC/SMITH, CROPPER & DEELEY, LLC, are hereby amended to change the name and address of the Resident Agent of the Company from Haskin U Deeley, III, to:

"Laura Deeley Bren, 7171 Bent Pine Road, Willards, MD 21874"

In accordance with Section 1-208 of the Corporations and Associations Article of the Maryland Annotated Code, Laura Deeley Bren has executed these Articles of Amendment and thereby manifests her consent to her designation as Resident Agent for Deeley Insurance Group, LLC.

THIRD The foregoing amendment was approved by the vote and in the manner required by the operating agreement of the Company

IN WITNESS WHEREOF, I have signed these Articles of Amendment on behalf of the Company this 5th day of March, 2018.

ATLANTIC/SMITH, CROPPER & DEELEY, LLC

By

Laura Deeley Bren
Laura Deeley Bren, President

CUST ID 0003629910
WORK ORDER 0004846487
DATE 03-14-2018 11 00 AM
AMT PAID \$100 00