

M190000007312

(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:

05/13/24

JUN 11 2024

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05/13/24--01027--021 **25.00

FILED
2024 MAY 13 AM 10:35
STONINGTON, CT
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jim Barber Insurance and Real Estate Services, 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:

James Barber
Name of Person

Firm/Company

2 Linda Drive
Address

Albany, ny 12205
City/State and Zip Code

jrbarberjr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Barber at (518) 608-4044
Name of Person Area Code & Daytime Telephone Number

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

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: JIM BARBER INSURANCE AND REAL ESTATE SERVICES, 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: _____

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3. Jurisdiction of its organization: _____

New York

4. Date authorized to do business in Florida: _____

07-31-2019

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

5. New name of the limited liability company: _____

Barber Insurance and Real Estate Services, 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.

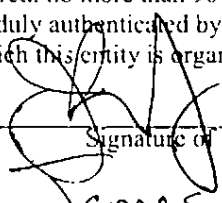
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
James Barber

Typed or printed name of signee

STATE OF NEW YORK
DEPARTMENT OF STATE

ONE COMMERCE PLAZA
99 WASHINGTON AVENUE
ALBANY, NY 12231-0001
WWW.DOS.NY.GOV

KATHY HOCHUL
GOVERNOR

ROBERT J. RODRIGUEZ
SECRETARY OF STATE

Filer: PHILLIP MONTHIE, ESQ
MONTHIE LAW
623 NEW LONDON RD
LATHAM, NY, 12110, USA

Your assumed name document has been filed by the Department of State.
Enclosed please find the official filing receipt and any related document(s).

Document Type:	CERTIFICATE OF ASSUMED NAME
Assumed Name ID Number:	7311138
Assumed Name:	BARBER INSURANCE AND REAL ESTATE SERVICES
Entity Real Name:	JIM BARBER INSURANCE AND REAL ESTATE SERVICES, LLC
Filing Date:	03/22/2024

Please retain this letter and attachment(s) for your records. The Department of State does not mail additional copies of the filing receipt or related attachment(s).

Contact Information

- Department of State: Email the Division of Corporations at corporations@dos.ny.gov.



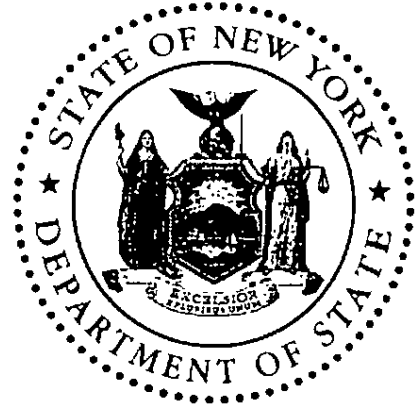
**Department
of State**

**NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
ASSUMED NAME FILING RECEIPT**

ENTITY NAME : JIM BARBER INSURANCE AND REAL ESTATE SERVICES, LLC
DOCUMENT TYPE : CERTIFICATE OF ASSUMED NAME

DOS ID NUMBER : 4442249
ENTITY TYPE : DOMESTIC LIMITED LIABILITY COMPANY
ASSUMED NAME : BARBER INSURANCE AND REAL ESTATE SERVICES
ASSUMED NAME ID NUMBER : 7311138
FILE DATE : 03/22/2024
FILE NUMBER : 240423000330
TRANSACTION NUMBER : 202404030003000-3111319

FILER : PHILLIP MONTHIE, ESQ
MONTHIE LAW
623 NEW LONDON RD
LATHAM, NY, 12110, USA



You may verify this document online at : <http://ecorp.dos.ny.gov>
AUTHENTICATION NUMBER : 100005594766

TOTAL FEES:	\$25.00	TOTAL PAYMENTS RECEIVED:	\$25.00
FILING FEE (Includes County Fees):	\$25.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$25.00
CERTIFIED COPY:	\$0.00	CREDIT CARD:	\$0.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$0.00
EXPEDITED HANDLING:	\$0.00	REFUND DUE:	\$0.00

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	JIM BARBER INSURANCE AND REAL ESTATE SERVICES, LLC
DOS ID Number:	4442249
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	08/07/2013
Statement Status:	CURRENT
Statement Due Date:	08/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on March 01, 2024 at 10:08 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005287462 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>