

LOS000003340

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RSF Insurance & Consulting, 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:

Richard Stanley Fletcher II
Name of Person

RSF Insurance & Consulting, LLC
Firm/Company

1102 New York Ave.
Address

St. Cloud, Florida 34769
City/State and Zip Code

rickfletcher2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Stanley Fletcher II at (727) 667-8544
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

RSF Insurance & Consulting, 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 01/11/2005 and assigned
Florida document number L05000003340

This amendment is submitted to amend the following:

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

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)

1102 New York Ave.

St. Cloud, FL 34769

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1102 New York Ave.

St. Cloud, FL 34769

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:

Richard Stanley Fletcher II, as

personal Representative for the Estate of Richard Stanley Fletcher

New Registered Office Address:

1102 New York Ave.

Enter Florida street address

St. Cloud

City

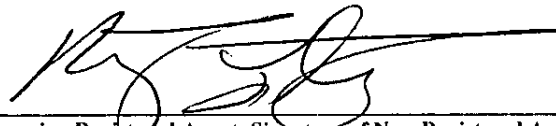
, Florida

34769

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

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	Richard Stanley Fletcher	1100 New York Ave.	<input type="checkbox"/> Add
		St. Cloud, FL 34769	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard Stanley Fletcher II, as Personal Representative for the Estate of Richard Stanley Fletcher	1102 New York Ave.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34769	<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"/> Change

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TALLAHASSEE, FLORIDA

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

Mr. Richard Stanley Fletcher, Manager, died on January 27, 2016. On February 9, 2016, Letters of Administration were signed in the circuit court, Osceola County, Florida, file number 2016-CP000071-AR, appointing Mr. Richard Stanley Fletcher II as Personal Representative of the Estate of Richard Stanley Fletcher

Pursuant to Florida Law, Mr. Richard Stanley Fletcher II, as Personal Representative, has assumed the duties as manager of this LLC, with all powers conferred upon manager of a LLC in the State of Florida, including, but not limited to, the right to conduct all banking and financial transactions.

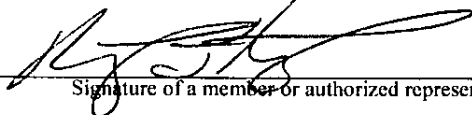
E. Effective date, if other than the date of filing: _____ (optional)

(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 February 18, 2016.



Signature of a member or authorized representative of a member

Richard Stanley Fletcher II, as Personal Representative for Estate of Richard Stanley Fletcher
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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