# L06000030467

(Requestor's Name)	
(Address)	000166354500
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	01/25/1001005016 **25.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special instructions to Filling Officer	

L. SELLERS

JAN 2 \$2010

**EXAMINER** 

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Global Insurance Agency Services, 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:		
Sana M. Gheith Name of Person		
Sana M. Gheith Name of Person  Global Insurance Agency Services, UC Firm/Company		
4983 West Colonial Dr Address		
Orlando, FL 32808 City/State and Zip Code		
globalinsurance A@ bellsouth.net / sanagheith@ DE-mail address: (to be used for future annual report notification) bellsouth.net		
For further information concerning this matter, please call:		
Sana M. Gheith at (407) 694-2910  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:  \$\times \text{\$25.00 Filing Fee} \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\$} \text{\$\$\$} \text{\$\$} \text{\$\$\$} \text{\$\$\$} \text{\$\$\$} \text{\$\$} \text{\$\$\$} \text{\$\$} \text{\$\$\$} \text{\$\$\$} \text{\$\$\$} \text{\$\$\$} \text{\$\$} \		
(additional copy is enclosed)		

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

Global Insurance Aa (Name of the Limited Liability Company (A Florida Limited Liab	ency Services, LLC as it now appears on our records.)  oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on 3/23/06 and assigned	
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 end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation	
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 registered agent and/or the new registered office address here:	4935 West Colonial Dr Orlando, FL 32308  e address on our records, enter the name of the new	
Name of New Registered Agent:	<b>7</b>	
New Registered Office Address:	Enter Florida street address > 71	
	, Florida 25	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	te performance of my duties, and $\overline{I}$ am familiar with and ovided for in Chapter 608, F.S. Or, if this document is	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title **Address** Name MGR Mohammad S. Gheith 4983 West Colonial Dr Add
Orlando, FL 32308 PRemove ☐ Add Remove Remove \_\_\_Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 22

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Signature of a member or authorized representative of a member

Sana M. Gheith
Typed or printed name of signee

Filing Fee: \$25.00