LO4000038290

(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
,· (Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

D. BRUCE

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EXAMINER



January 24, 2011

ROBERT GREGORY KASSON 13837 GULL WAY CLEARWATER, FL 33762

SUBJECT: INSTEP SERVICES, LLC

Ref. Number: L06000038290

We have received your document for INSTEP SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 511A00001909



COVER LETTER

Division of Co	orporations	•			
SUBJECT:	INSTEP S	SERVICES, LLC			
sobject:		ted Liability Company			
	, ·	•			
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	nondence concerning this matter	to the following:	•		
	R	obert Gregory Kasson			
	•	Name of Person			
	Executor o	F the Estate of G	<u>ail 6.</u> Kasson		
		Firm/Company			
		13837 Gull Way			
	**************************************	Address			
		Clearwater, FL 33762			
		City/State and Zip Code			
	E-mail address: (g.kasson@knology.net to be used for future annual report notification	- Ze =		
For Combine in Comments			A P		
r or further information	concerning this matter, please of	zan:	HASS		
Rober	rt Gregory Kasson	at (727) 667			
	of Person	at (727) 667 Area Code & Daytime Tele			
			SI D		
Enclosed is a check for	the following amount:		RIC O		
	-	Elect on Filter than 6	\$60.00 Filing Fee,		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
£. <u>.</u>					
X1.A.)	LING ADDRESS:	STREET/COURIER A	ADDRESS:		
Registration Section		Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	NSTEP SER	VICES, LLC				
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Li Florida document numberL06000038	were filed on	April 12, 2006	and ass	igned		
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	f the limited ljab	oility company here	•			
The new name must be distinguishable and end wit	th the words "Limi	ited Liability Compan	y," the designation "L	LC" or the a	bbrevi	 ation
Enter new principal offices address, if applic	able:	13837 Gull Wa	av.			
(Principal office address MUST BE A STREE		Clearwater, FL 33762		A SE 55	=	
				A A A A A A A A A A A A A A A A A A A	FEB	
Enter new mailing address, if applicable:		13837 Gull Wa	ıv	HAY YAY	<u>.</u>	
(Mailing address MAY BE A POST OFFICE)	Clearwater, FL 33762		1 CO			
B. If amending the registered agent and/or the new registered of	or registered of fice address her	fice address on ou g:	er records, enter th	***	07	new.
Name of New Registered Agent:	Robert Greg	gory Kasson				
New Registered Office Address:	Way					
	Enter Florida street address					
		City	, Florida	33762 Zip Code		
New Registered Agent's Signature, if changing R	legistered Agent:	•		•		
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this d	roper and comp stered agent as p registered office change.	lete performance of provided for in Cha address, I hereby of Dy Javor	f my duties, and I an opter 608. F.S. Or, ij	n familiar f this docu ited liabilii 27/1	with a ment i. L	md

Page 1 of 2

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	Robert Gregory Kasson	13837Gull Way Clearwater, Fl. 33762	Add ☐ Remove
MGR_	Gail E. Kasson	3132 Bordeaux Lane Clearwater, FL 33759	Add Remove
			Add Remove
			Add Remove
			Add Remove
**************************************			Add Remove
		nge(s) here: (Attach additional sheets, if in	
		to show that Robert Gregory Kasso	
		ager of Instep Services, LLC, for th	
<u>of</u>	wrapping up and closing the bus	siness.	
Dated	Signature of a ment Ro	ber or authorized representative of a member obert Gregory Kasson ed or printed name of signee Page 2 of 2 Filing Fee: S25.00	FILED 11 FEB -1 M D 07 SECRE ARY OF STATE TALLAHASSEE. FLORIO