# 10000018457

(Re	questor's Name)	)
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
		DB

Office Use Only



500108469345

09/04/07--01037--010 \*\*25.00



## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: FLO	21DA INSURANCE CO (Name of Lin	NSULTANTS, LLC nited Liability Company)	
	Amendment and fee(s) are sulpndence concerning this matter	· ·	
	DOUGLAS DEA	N JOHNSON (Name of Person)	<del>v</del>
	FLORIDA INSURA	NCE (DNSULTAWTS, L.C. (Firm/Company)	
	7485 CONROY	WINDERE FOAD (Address)	STE. D TASE 07
	OLLANDO, FL	32835 City/State and Zip Code)	SEP -4 CRETARY LAHASSE
For further information of	concerning this matter, please of	call:	PH 2: 36
RICK KAL	S 1 of Person)	at ( <u>407) 949-165</u> (Area Code & Daytin	nc Telephone Number)
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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

FLORIDA INSURANCE CONSULTANTS, LLC

	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on	
SECOND:	This amendment is submitted to amend the following:	
	PLEASE ADD "RAKESH LICK KALSI" as a managing	
	mem bez. 10%	
	ADDRESS - 7202 DELLA PRIVE	
	ORLANDO, FL 328/9	
	LECRE LAH	
	ASSET 4	ACCOUNTS OF
	FLO PR	T
Dated <i>[</i> -	August 315T , 2007.	
	Signature of a member or authorized representative of a member	
	Douglas DEAN JOHNSON Typed or printed name of signee	

Filing Fee: \$25.00