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SECRETARY OF STATE
ANALYSISE FLORIDA

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COVER LETTER

TO: Registration Secundary Division of Corp			·
SUBJECT:	Name of Limite	GOAS TASURANCE Company	<u>(10</u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Robert Z	Name of Person	
	Florida 6	SULFCOAST INSURAN	xe
	3013 Del	Pendo Blud, Saite	12
	Ospe Od	RAL # 3390 4 City/State and Zip Code	•
	Ferrer O E-mail address: At	be used for future annual report notification	Com
For further information co	ncerning this matter, please ca	all:	
Robert D. C. Name of	Person	at (239) 5 40 - 36 Area Code & Daytime Te	lephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 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

Name of the Limited Liability Comps (A Florida Limited)	COAS + FNSURANCE L.L.C. Iny as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>20860006647</u> .	y were filed on <u>TAN 18 2008</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	'AFT III
Enter new mailing address, if applicable:	EDECEMBER OF RESERVE OF THE PROPERTY OF THE PR
(Mailing address MAY BE A POST OFFICE BOX)	ORDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
<u> </u>	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 608, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Robert D. Gerrero	3013 Del Pendo Blud # 12	_ 🔀 Add
		Cape Coral, Fl 33904	Remove
			_
			Add
			Remove
		IAL	_
<u> </u>		AHASS	13 SEP 23 PM 1: 16
			Remove
)RBC	7. 1. 6
			Add
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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• (Mone
	
	······································
Dated <u></u>	ept 20, 2013.
	Robert O Denero
	Signature of a member or authorized representative of a member
	Robert D. GERRARO (Member)
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00