

LOS000015025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

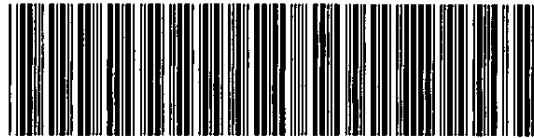
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 18 2008

EXAMINER

ARONBERG | GOLDGEHN

ARONBERG GOLDGEHN DAVIS & GARMISA

330 NORTH WABASH AVENUE
SUITE 3000
CHICAGO, ILLINOIS 60611-3699
312-828-9600
FAX 312-828-9635
www.agdglaw.com

KAI ENGLAND
DIRECT 312-755-3138
kengland@agdglaw.com

OUR FILE NUMBER:

10290.00100

February 12, 2008

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Kohler Life Health LLC
Articles of Amendment

Dear Sir or Madam:

Submitted for filing is the original fully executed Articles of Amendment for Kohler Life Health LLC to amend the purpose clause provided under Article III of the Articles of Organization. A check in the amount of **\$25.00** is enclosed as payment for the filing fee.

Should you have any questions or need more information on this matter, please do not hesitate to contact me.

Very truly yours,

ARONBERG GOLDGEHN DAVIS & GARMISA

Kai England
Corporate Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kohler Life Health 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:

Kai England
(Name of Person)

Aronberg Goldgehn Davis & Garmisa
(Firm/Company)

330 N. Wabash, Suite 3000
(Address)

Chicago, IL 60611
(City/State and Zip Code)

For further information concerning this matter, please call:

Kai England at (312) 755-3138
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Kohler Life Health 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 02/11/2008 and assigned Florida document number L08000015025.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(City)

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TALLAHASSEE, FLORIDA
(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 Changing Registered Agent, Signature of New Registered Agent)

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Please see attached.

Dated February 12, 2008

☒ Robert L. Kohler
Signature of a member or authorized representative of a member

Robert L. Kohler, Manager
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 15 AM 11:02

FILED

Kohler Life Health LLC

File Number: L08000015025

Attachment to Articles of Amendment

The purpose clause provided under Articles III of the Articles of Organization is amended to read as follows:

To act as agent for insurance companies in soliciting and receiving applications for health and life insurances and all other kinds of insurance and doing any other business as may be delegated to agents by the insurance companies, and to conduct a general insurance agency and insurance brokerage business; to transaction and engage in any or lawful business or activity for which a Florida limited liability company may be organized under the Professional Service Corporation and Limited Liability Company Act of the State of Florida.

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2008 FEB 15 AM 11:02

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TALLAHASSEE, FLORIDA