

L08000078910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 23 AM 9:45

M. MILLIGAN

MAY 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gordon Cohen Insurance Adjusting 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:

Gordon Cohen
Name of Person
Gordon Cohen Insurance Adjusting LLC
Firm/Company
874 Yellow Pine Ave.
Address
Rockledge, FL 32955
City/State and Zip Code
gcohen@gciallc.com
E-mail address: (to be used for future annual report notification)

SE
TALLAHASSEE, FLORIDA

2017 MAY 23 PM 4:17

RECEIVED

For further information concerning this matter, please call:

Gordon Cohen at (321) 863-1615
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Already Sent

- ☐ \$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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2017

GORDON COHEN
874 YELLOW PINE AVE.
ROCKLEDGE, FL 32955

SUBJECT: GORDAN COHEN INSURANCE ADJUSTING LLC
Ref. Number: L08000078910

We have received your document for GORDAN COHEN INSURANCE ADJUSTING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 817A00009697

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

Gordan Cohen Insurance Adjusting 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 8/18/2008 and assigned
Florida document number 208000078910

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Restoration Insurance Billing Source, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 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

City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized 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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

5/1/2017

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/19/2017 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Gordon Cohen

Typed or printed name of signee