

L08000092081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

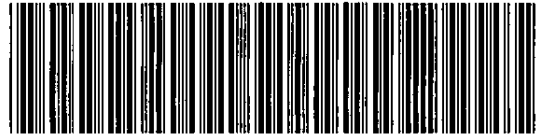
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400152672444

05/04/09--01056--001 **30.00

FILED

09 MAY 14 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 5 2009
W09-21146

J. BRYAN

MAY 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KORSCH FINANCIAL ADVISORS, 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:

MARC KORSCH

Name of Person

KORSCH FINANCIAL

Firm/Company

1475 COLLINGSWOOD BLVD SUITE C

Address

PORT CHARLOTTE, FL 33948

City/State and Zip Code

MARC@KORSCHFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

FILED
09 MAY 14 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NANCY STRICKLAND

Name of Person

at (941)

726-9285

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2009

MARC KORSCH
KORSCH FINANCIAL ADVISORS, LLC
1475 COLLINGSWOOD BLVD SUITE C
PORT CHARLOTTE, FL 33948

SUBJECT: KORSCH FINANCIAL ADVISORS, LLC
Ref. Number: L08000092081

FILED
09 MAY 14 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KORSCH FINANCIAL ADVISORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 009A00015157

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

KORSCH FINANCIAL ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 MAY 14 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 26, 2008 and assigned
Florida document number L08000092081.

This amendment is submitted to amend the following:

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

KORSCH FINANCIAL INSURANCE, LLC

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

Enter new principal offices address, if applicable:

1475 COLLINGSWOOD BLVD SUITE C

(Principal office address MUST BE A STREET ADDRESS)

PORT CHARLOTTE, FL 33948

Enter new mailing address, if applicable:

1475 COLLINGSWOOD BLVD SUITE C

(Mailing address MAY BE A POST OFFICE BOX)

PORT CHARLOTTE, FL 33948

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

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

Dated _____

 Signature of a member or authorized representative of a member

 Typed or printed name of signee

FILED
 09 MAY 14 AM 8:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA