

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H10000012030 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

10
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OSIRIS INSURANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

Help

JAN 20 2010

EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

1/19/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 19 AM 8:56

RECEIVED
10 JAN 19 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000012030

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSIRIS INSURANCE, 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:

Mr. GARY RESHEFSKY

Name of Person

OSIRIS INSURANCE, LLC

Firm/Company

382 MINORCA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

fernanda@osirisprivate.com

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

For further information concerning this matter, please call:

GARY RESHEFSKY

Name of Person

at (305)

568-6703

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

H10000012030

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

OSIRIS INSURANCE, 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 06-15-2009 and assigned
Florida document number 209000057830

This amendment is submitted to amend the following:

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

OSIRIS PRIVEE 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:

(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

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 19 AM 8:56

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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

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

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

Dated January 19 2010

Signature of a member or authorized representative of a member

PETER J. YANOWITCH

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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