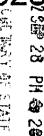
(Req	uestor's Name)	-
hhA)	ress)	
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COVER LETTER

	Division of Co						
SUBJE	·CT·	Kocher Ir	nsurance, L.L.C.				
SODJE	<u></u>	Name of Limited Liability Company					
The end	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
			Reid A. Luthie				
			Name of Person		TAE	2912	
		KOCHER INSURANCE				23回	t mirri
	Firm/Company				一調道	23	-44.21
		1312 Illinois Avenue, Suite H			17 (19 m)	PK	1
		Address			SIA	PH de	A. 5
		St. Cloud, Florida 34769			Çni	2@	
			City/State and Zip Code				
		Koche	erInsurance@Yahoo.Com to be used for future annual report noti				
For fur	ther information	concerning this matter, please of		ncation)			
	mer information	concerning this matter, please of	cais.				
		Reid Luthie	at (_407)	957-1918			
	Name	of Person	Area Code & Daytin	ne Telephone Numbe	er		
Enclose	ed is a check for	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Sta		· osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations 30x 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3.	on orations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kocher	r Insurance, L.L.C.	<u></u>				
(Name of the Limited Liabilit (A Florida	y Company as it now appears Limited Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liability (Company were filed on	01/18/11	and as	signed		
Florida document number L11000006690	·					
This amendment is submitted to amend the following:				٠		
A. If amending name, enter the new name of the lim	nited liability company here					
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compar	ny," the designation	W. 4	abbreviation		
Enter new principal offices address, if applicable:		·	2817 2			
(Principul office address MUST BE A STREET ADD	RESS)	;				
·			23			
Enter new mailing address, if applicable:	· 	, - - -	PH C			
(Mailing address MAY BE A POST OFFICE BOX)			5년 2			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, <u>enter</u>	the name o	of the new		
Name of New Registered Agent:						
New Registered Office Address:	F	on Florida atract =	dduoon			
	Enter Florida str			ei aaaress		
	City	, Florida _	Zip Cod	le		

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

COVER LETTER

TO:	Registration Se Division of Car			
SURII	FCT•	R & S METAL	.WORKS & CO. LLC	
			ted Liability Company	_ '
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
. <u> </u>		S	COTT M. SNOWDEN	
		•	Name of Person	
		R&SI	METALWORKS & CO. LLC	
		•	Firm/Company	
		19	907 CYPRESS DRIVE	2912
			Address	
		EODT DIEDCE EL 24040		28 F
	FORT PIERCE, FL 34949 City/State and Zip Code		PH 49 27	
		SCOTT@RSMETALWORKS.COM		
		E-mail address: (to be used for future annual report notification)	27 10A
For fu	rther information	concerning this matter, please of	eall:	
	sco	TT SNOWDEN	at (772) 216-0727	
	Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclos	sed is a check for t	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

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** Type of Action <u>Name</u> Address MGRM Reid A. Luthie 1312 Illinois Avenue, Suite H St. Cloud, Florida 34769 Remove MGMR Robert R. Kocher 1900 Clinton Drive St. Cloud, Florida 34769 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9-26 Signature of a member or authorized representative of a member Reid A. Luthie Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00