## 611000047585

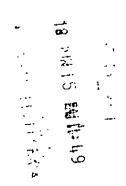
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## **COVER LETTER**

	Registration S Division of Co					
oub if c		RANCE SERVICES, LLC				
SUBJEC	. J.;	Name of Lim	ited Liability Company	<del></del>		
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		LEANY RUIZ				
			Name of Person			
		IFG, LLC				
			Firm/Company	<del></del>		
124-A NORTH 2ND STREET						
			Address	· · · · · · · · · · · · · · · · · · ·		
		FORT PIERCE, FL 34950				
			City/State and Zip Code			
		LRUIZ@BOATLOAN.CO				
		E-mail address: (	to be used for future annual report noti:	fication)		
For furth	er information	concerning this matter, please ca	all:			
LEANY	RUIZ		772 409-8502			
	Name	of Person	at ()	e Telephone Number		
Enclosed	is a check for t	the following amount:				
<b>■ \$25.</b> 0	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IFG INSURANCE SERVICES, LLC

The Articles of Organization for this Limited Liability Company were filed on 9/7/16	and assigned
Florida document number L11000047585	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
INTERCOASTAL MARINE INSURANCE SERVICES, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation HalC."
Enter new principal offices address, if applicable:	الميمة الميان الميان
(Principal office address MUST BE A STREET ADDRESS)	:
	7
	and the second s
Enter new mailing address, if applicable:	# +5
(Mailing address MAY BE A POST OFFICE BOX)	*
B. If amending the registered agent and/or registered office address on our tregistered agent and/or the new registered office address here:	records, enter the name of the r
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street	t address
New Registered Office Address:	
New Registered Office Address:	t address , Florida Zip Code
New Registered Office Address:  Enter Florida stree	

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>	Address	Type of Action
AMBR	ELIZABETH T. CHILDS	PO BOX 643292	■ Add
		VERO BEACH, FL 32964	<b></b>
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			☐ Remove
			Change
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nee a la	ic at a three th		6/13/18			(antion	ali	
If an effective date Note: If the dat	if other than the is listed, the date mu e inserted in this b ective date on the D	st be specific ar lock does not	nd cannot be pri meet the app	icable statut	ling or more than	(option 190 days after fil rements, this d	ling.) Pursuant	. 10 605.020 be listed a:
	ecifies a delaye ay after the rec			ot an effe	ctive time,	at 12:01 a.r	n. on the	earlier o
Dated			2018	/ .				
			- · <i> </i>	1 A				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00