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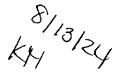
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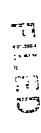


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COVER LETTER

	Registration S Division of Co			
		JRANCE CONSULTING LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company tent and fee(s) are submitted for filing. oncerning this matter to the following: NALD F SMITH Name of Person INSURANCE CONSULTING LLC Firm/Company 5 MARIOTTI COURT UNIT E. Address Address City/State and Zip Code th@ronsmithinsurance.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (
Please ret	um all corresp	ondence concerning this matter	to the following:	
		RONALD F SMITH		
Name of Person				
RFS INSURANCE CONSULTING LLC				
Firm/Company				
4545 MARIOTTI COURT UNIT E.				
Address				
SARASOTA, FLORIDA 34233				
			City/State and Zip Code	
rsmith@ronsmithinsurance.com				
		E-mail address: (to be used for future annual report notific	cation)
For furthe	er information	concerning this matter, please c	all:	
RONAL	D F SMITH			
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
]]	Mailing Addro Registration Division of 9 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RES INSURANCE CONSULTING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.11000138147}{1.11000138147}$.	were filed on DEC 08, 2011 and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "L.L.C" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u> _
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new	registe
agent and/or the new registered office address acre.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, FloridaZip Code	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	_	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply	v with

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 accument 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 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
MRS	JENNIFER L. SMITH	658 RIDGECREST RD., AKRON, OHIO 44303	= Add
			□Remove
			Change
MRS	KELLY ANN DIPOLT	812 MAYFAIR RD., AKRON, OHIO 44303	= Add
•			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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Effecti	ve date, if other than the date of filing:		(option:	al)	
Note:	rective date is listed, the date must be specific and of the date inserted in this block does not meent's effective date on the Department of States.	eet the applicable statutory filing r	than 90 days after fill equirements, this d	ing,) Pursuant to 603 ate will not be list	0.0207 (. ed as th
docu					
e recorc	I specifies a delayed effective date, but not a ed.	n effective time, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
e record rd is fil	od. JULY, 29, 2024	n effective time, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
e record rd is fil	JULY, 29, 2024	- Swal			ر الا الا
e record ord is fil	JULY, 29, 2024	ember or authorized representative of		The 90th day afte 2024 AUG = 7	ر الا الا
e record ord is fil	JULY, 29, 2024 Signature of a m RONALD F SMITH	- Swal			r the

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000138147

Entity Name: RFS INSURANCE CONSULTING LLC

FILED Mar 02, 2024 Secretary of State 9441851824CC

Current Principal Place of Business:

4545 MARIOTTI COURT, UNIT E SARASOTA, FL 34233

Current Mailing Address:

4545 MARIOTTI COURT, UNIT E SARASOTA, FL 34233 US

FEI Number: 45-4013286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, RONALD F 5547 CONTENTO DR SARASOTA, FL 34242 US

The above named entity submits this statement/for the purpose of changing its registered office or registered agent) or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title

MGRM

Name

SMITH, RONALD F

Address

5547 CONTENTO DR

City-State-Zip: SARASOTA FL 34242

I hereby certly that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fluibility company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.