

L1000138147

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SEC. OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RFS INSURANCE CONSULTING 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:

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 notification)

For further information concerning this matter, please call:

RONALD F SMITH 330 388 3574  
Name of Person at ( ) 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

RFS INSURANCE CONSULTING 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 DEC 08, 2011 and assigned  
Florida document number 111000138147

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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 605, 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**

2011 NOV 17 PM 4:45  
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STATE  
OF FLORIDA



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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY, 29, 2024

Re 1 Sub

Signature of a member or authorized representative of a member

RONALD F SMITH

Typed or printed name of signee

2024 AUG -7 PM 4:43  
SEC. OF STATE  
TALLAHASSEE, FL

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**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138147

**Entity Name:** RFS INSURANCE CONSULTING LLC

**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

Date

7-29-2024

**Authorized Person(s) Detail :**

Title MGRM  
Name SMITH, RONALD F  
Address 5547 CONTENTO DR  
City-State-Zip: SARASOTA FL 34242

I hereby certify 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 liability 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.

**SIGNATURE:** RONALD F SMITH

**MANAGER**

**03/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date