

L120000 55092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

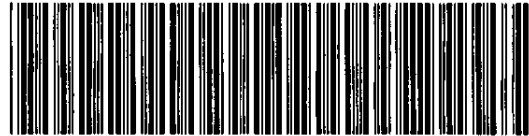
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14/05/14 14:30:55
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2014

BRUCE TAYLOR
17210 BERMUDA VILLAGE DR
BOCA RATON, FL 33487

SUBJECT: BIZ INSURANCE SOLUTIONS, LLC
Ref. Number: L12000055092

We have received your document for BIZ INSURANCE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00016785

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **College Funding & Insurance Programs, 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:

Bruce Taylor

Name of Person

College Funding & Insurance Programs, LLC

Firm/Company

17210 Bermuda Village Drive

Address

Boca Raton, FL. 33487

City/State and Zip Code

bizinssolutions@gmail.com

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

For further information concerning this matter, please call:

Bruce Taylor

Name of Person

at **954 610-3412**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Colelge Funding & Insurance Programs, 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 2/22/2013 and assigned Florida document number L12000055092.

This amendment is submitted to amend the following:

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

Biz Insurance Solutions, 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)

17210 Bermuda Village Drive

Boca Raton, FL. 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 880990

Boca Raton, FL. 33488

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:

17210 Bermuda Village Drive

Enter Florida street address

Boca Raton

City

Florida 33487

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bruce Taylor	17210 Bermuda Village Dr	<input type="checkbox"/> Add
		Boca Raton, FL.33487	<input checked="" type="checkbox"/> Remove
MGR	BCL Insurance & Professional Services, Inc	17210 Bermuda Village Drive	<input checked="" type="checkbox"/> Add
		Boca Raton, FL. 33487	<input type="checkbox"/> Remove
AMBR	Bruce Taylor	17210 Bermuda Village Dr	<input checked="" type="checkbox"/> Add
		Boca Raton, FL. 33487	<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.)*

Biz Insurance Solutions, LLC will engage in all the legal and authorized business practices allowed under Florida law;

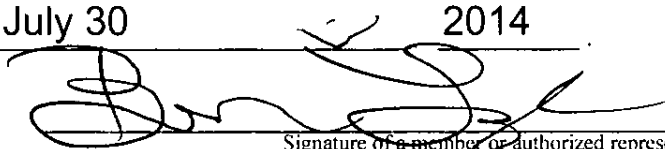
will act as a Florida General Lines insurance agency that will sell property and casualty insurance products

& services and any other authorized insurance products and services that are allowed to be sold.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 30 2014



Signature of a member or authorized representative of a member

Bruce Taylor

Typed or printed name of signee

16 JUL 14 55