#13000086181

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer. CORRECTION TO EFFECTIVE DATE PER CONVERSATION WITH TANIA PERNAS 1/15/2016 KS

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EFFECTIVE DATE

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FILED 2015 JAN -2 PM 3: 51

EXAMINER
JAN 1 5 2015

COVER LETTER

TO:	Registration Section Division of Corpo			
CHDIE		ial Advisors LLC		
SUBJE	CI:	Name of Limited I	Liability Company	
The enc	losed Articles of Ar	nendment and fee(s) are submitte	ed for filing.	
Please r	eturn all correspond	ence concerning this matter to th	e following:	
		Jeffrey B. Koch		
			Name of Person	
		KR Financial Advisors t	LC	
			Firm/Company	
		4000 Hollywood Blvd.,	Suite 215 South	
			Address	
		Hollywood, FL 33021		
			ty/State and Zip Code	
		tania.pernas@gskcpas.c	used for future annual report notificat	Y
- ^		`	used for future annual report notificat	ion)
For furt	her information con	cerning this matter, please call:		
Tania	Pernas		305 442-2200 at ()	
	Name of P	erson	Area Code Daytime Te	lephone Number
Enclose	d 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

2015 JAN -2 PM 3:51
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

KR Financial Advisors 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 Li. Florida document number L13000086181	ability Company were filed on 6/10/20	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
GSK Insurance Strategists, LLC		
The new name must be distinguishable and end with the	words "Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet 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

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

Title	Name	Address	Type of Action
MGR	Jared Kornfeld	4000 Hollywood Blvd.,	Add
		Suite 215 South	Remove
		Hollywood, FL 33021	
	······		Add
			□ Remove
			
			Add
			The move
			Add Add
			ES S. S. FERREMONE
			Add
			□ Remove
			
			□ Add
			□ Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.
• •	
	January 2, 2015 (continual)
effective of effective date this	date, if other than the date of filing: January 2, 2015 date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
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	Aud B. Ktury
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

