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SECRETARY OF STATE
ORIDA

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COVER LETTER

	egistration Sec ivision of Corp			•
SUBJECT		Insurance Services - Property	& Casualty, LLC	
SUBJECT	•	Name of Limi	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		David D. Bamberry		
Name of Person				
Good Faith Insurance Services - Property & Casualty, LLC				
			Firm/Company	
		5901 Argerian Drive Suite	101	
			Address	
		Wesley Chapel, FL 33545		
			City/State and Zip Code	
		david@goodfaithis.com		
For further	information co	E-mail address: (to oncerning this matter, please ca	to be used for future annual report notificall:	cation)
David D. I	Bamberry		813 789-8062 at ()	
_	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

2016 MOV 14 PM 45 1A Good Faith Insurance Services - Property & Casualty, 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 April 14, 2014 Florida document number L14000061224 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: David D. Bamberry Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida __

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	Paulsen, Rocia D.	5901 Argerian Drive	Add
		Suite 101	■ Remove
		Wesley Chapel, FL 33545	☐ Change
MGR	Bamberry, David D.	5901 Argerian Drive	Add
		Suite 101	☐ Remove
		Wesley Chapel, FL 33545	☐ Change
MGR	Munoz, Luis M.	5901 Argerian Drive	≅ Add
		Suite 101	□ Remove
		Wesley Chapel, FL 33545	☐ Change
MGR	Montes, Edda L	5901 Argerian Drive	Add
		Suite 101	□ Remove
		Wesley Chapel, FL 33545	Change
			SUCRETARY OF STATE OAdd SHORE TARY OF STATE OAdd
			□ Remove
			Change

. If amending any other info	rmation, enter ch	ange(s) here:	(Attach additiona	al sheets, if nece	ssary.)	
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the document of the docu	e must be specific and out to make the most more more more more more more more more	cannot be prior to a eet the applicabl	late of filing or more e statutory filing re	(optic than 90 days after equirements, this	filing.) Pursuant to 605.	.0207 (3 ed as th
the record specifies a dela) The 90th day after the	yed effective da record is filed.	ate, but not a	n effective tim	e, at 12:01 a	.m. on the earlie	er of:
Dated October 21		2016				
Dani	OD. Z	Sauler Dember or authoriz	ed representative of	a member		
	•	iemoer of authofiz	cu representative or	а шешбег		
David D. Bamberry		Typed or printed n				

Page 3 of 3

Filing Fee: \$25.00