

L14000120988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

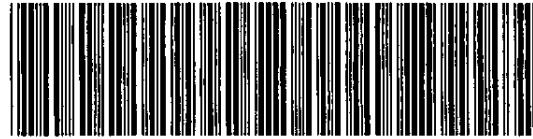
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10/17/16
16 OCT 14 AM 11:09
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

OCT 17 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Insurance Solutions Direct 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:

Joshua Post

Name of Person

Insurance Solutions Direct LLC

Firm/Company

4631 Johnson Rd, Suite 8

Address

Coconut Creek, FL 33073

City/State and Zip Code

tonym@inssoldirect.com

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

For further information concerning this matter, please call:

Tony Maiorca

561

692-9198

at (_____) _____

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Insurance Solutions Direct LLC

The Articles of Organization for this Limited Liability Company were filed on August 1, 2014 and assigned Florida document number L14000120988.

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

Enter new principal offices address, if applicable:

4631 Johnson Rd, Suite 8

(Principal office address MUST BE A STREET ADDRESS)

Coconut Creek, FL 33073

Enter new mailing address, if applicable:

4631 Johnson Rd, Suite 8

(Mailing address MAY BE A POST OFFICE BOX)

Coconut Creek, FL 33073

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Post	4631 Johnson Rd, Suite 8	<input checked="" type="checkbox"/> Add
		Coconut Creek, FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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.

Signature of a member

Joshua Post

16 OCT 14 AM 11:09