

# L14000135850

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

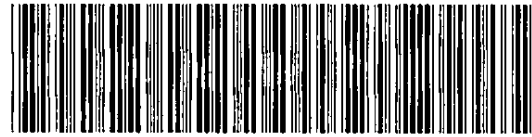
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2017 JUN 21 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 31 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GENERAL SUPPORT SERVICES 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:

Norman R. Koch

\_\_\_\_\_  
Name of Person

GENERAL SUPPORT SERVICES LLC

\_\_\_\_\_  
Firm/Company

718 BAREFOOT BLVD.

\_\_\_\_\_  
Address

BAREFOOT BAY, FL. 32976

\_\_\_\_\_  
City/State and Zip Code

nrk@generalsupportllc.com

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

For further information concerning this matter, please call:

Norman R. Koch

772 777-8092  
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

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building

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

GENERAL SUPPORT SERVICES 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 08/29/2014 and assigned  
Florida document number L14000135850.

This amendment is submitted to amend the following:

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

INSTITUTE OF INSURANCE LLC

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)

718 BAREFOOT BLVD.

BAREFOOT BAY, FL. 32976

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

**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:

N/A

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF COURT  
JULIA H. SHERIDAN

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

NA

**F. 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 (2017) (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.

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of \_\_\_\_\_

Norman R. Koch, Manager

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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