

214000168863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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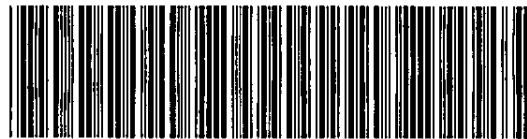
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES OF
Mark C. Perry, P.A.
COASTAL BUILDING
2400 EAST COMMERCIAL BOULEVARD
SUITE 511
FORT LAUDERDALE, FLORIDA 33308

TELEPHONE: (954) 351-2601
FAX: (954) 351-2605
EMAIL: mark@markperrylaw.com

December 12, 2014

Via Fedex Delivery Tracking No. 772210356819

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

Re: Amendment to Articles of Incorporation
of 8795 McNab, LLC
Document No.: L14000168863

To Whom It May Concern:

Enclosed with this correspondence please find Amendment to Articles of Incorporation of 8795 McNab, LLC together with our firm's check no. 17191 in the sum of \$25.00 representing the State's filing fee. Thank you for your assistance in this regard.

Very truly yours,

LAW OFFICES OF MARK C. PERRY, P.A.

By: _____

Mark C. Perry

MCP/mrt
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8795 McNab, 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:

Mark C. Perry, Esquire

Name of Person

Law Offices of Mark C. Perry, P.A.

Firm/Company

2400 East Commercial Boulevard, Suite 511

Address

Fort Lauderdale, Florida 33308

City/State and Zip Code

mark@markperryllaw.com

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

For further information concerning this matter, please call:

Mark Perry or Maria Tillit

954 at ()

351-2601 Ext. 4

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

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

8795 McNab, 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 10/29/2014 and assigned Florida document number L14000168863.

This amendment is submitted to amend the following:

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

Ins Cov, 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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 December 16 2014

Signature of a member or authorized representative of a member

Mark C. Perry

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA