45000116542

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Olly State Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER*

TO: Registration S , Division of Co	ection 🐔 rporations		.
	NSURE, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	Richard A. Perea	•) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
		Name of Person	· :
	iNetInsure, LLC		
		Firm/Company	
	4316 New Riverhills Pkwy	v., Suite #1	
		Address .	
	Valrico, FL 33596		
		City/State and Zip Code	
	rperea@wealthma.net		
	E-mail address: (to	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	11:	
Richard A. Perea		813 651-5751 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

INETINSURE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on July 7, 2015	and assigned
lorida document number L15000116542		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company "the decignation "LLC"	or the abbreviation "LLC"
•	my 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)		AND THE PARTY OF T
		30
Enter new mailing address, if applicable:	-	mo H
Mailing address MAY BE A POST OFFICE BOX)		D: 37
		A T
B. If amending the registered agent and/or registered of	ffice address on our records	anter the name of the
egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Flor	
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member.

<u>Title</u>	. Name	<u>Address</u>	Type of Action
AMBR	Michael Fleischhauer	c/o FLYGROUP INC	
	<i>,</i>	1634 Gray Bark Drive	Remove
		Oldsmar, FL 34677	Change
			☐ Remove
			□ Change
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			☐ Change

D. If am	,	n, enter change(s) here: (Attach add		
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(If an e: Note:		e specific and cannot be prior to date of filing of does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be l	
	ecord specifies a delayed e e 90th day after the record		ve time, at 12:01 a.m. on the ea	rlier of:
Dated	September 29	, 2015		
		Ree		
	Sig	gnature of a member or authorized representa	itive of a member	

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Typed or printed name of signee

Filing Fee: \$25.00