

L15000136098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

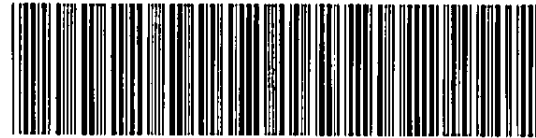
(Business Entity Name)

(Document Number)

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17 OCT 12 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 16 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WS INSURANCE GROUP, 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:

SANDRA SAM

Name of Person

WS INSURANCE GROUP, LLC

Firm/Company

5728 MAJOR BLVD. - SUITE 174

Address

ORLANDO, FL. 32819

City/State and Zip Code

SANDIE@WSINSURANCEGROUP.COM

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

For further information concerning this matter, please call:

SANDRA SAM

at (561) 381-7571

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**

WS INSURANCE GROUP, 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 AUGUST 10, 2015 and assigned  
Florida document number L15000136098.

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)**

5728 MAJOR BLVD.

SUITE 174

ORLANDO, FL. 32819

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

5728 MAJOR BLVD.

SUITE 174

ORLANDO, FL. 32819

**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:

5728 MAJOR BLVD. - SUITE 174

*Enter Florida street address*

ORLANDO

*City*

Florida 32819

*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

FILED  
AUG 12 AM 9:10  
TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

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17 OCT 12 AM 9:10  
TALLAHASSEE, FLORIDA  
Remove  
Change  
Remove  
Change

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

The purpose of this amendment is to change the physical and mailing address. There is no change to the  
Managers or Authorized Members and no change to the Registered Agent, except as to the address of the  
Registered Agent.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

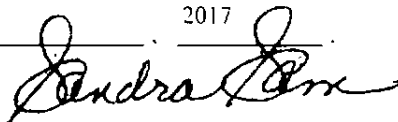
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated OCTOBER 05

2017



Signature of a member or authorized representative of a member

SANDRA SAM

Typed or printed name of signee

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17 OCT 12 AM 9:16  
SECOND DISTRICT STATE  
TALLAHASSEE, FLORIDA