

L1500019409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

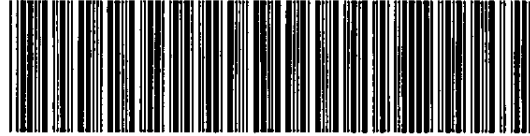
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200281506522

02/09/16--01017--013 \*\*30.00

FILED  
16 FEB -9 PM 2:57  
TALLAHASSEE, FLORIDA

FEB 10 2016

Y. CHEN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Engineered Insurance 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:

Dawn M. Alba, Esq.

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

Engineered Tax Services, Inc.

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

303 Evernia Street, Suite 300

\_\_\_\_\_  
Address

West Palm Beach, Florida 33401

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

dalba@engineeredtaxservices.com

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

For further information concerning this matter, please call:

Dawn M. Alba, Esq.

561 253-6638  
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

## Page 1 of 3

If attending 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	William Madden	303 Evernia Street, Suite 300	<input checked="" type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard C. Wilson	77 Harbor Drive, Suite 76	<input checked="" type="checkbox"/> Add
		Key Biscayne, Florida 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 16 FEB 90 BY SP4 JCH/2057

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

16 FEB - 9 PM 2:57  
HALLS, SEC. 10001A

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 January 28, 2016

Signature of a member or authorized representative of a member

Julio Gonzalez

Typed or printed name of signee