

L16000R26170

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2018 AUG -9 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA INSURANCE CONSULTING, 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:

OZ LOPEZ

Name of Person

FLORIDA INSURANCE CONSULTING, LLC

Firm/Company

415 E. MAIN ST. SUITE B

Address

BARTON, FL 33830

City/State and Zip Code

OZLOPEZ@HOTMAIL.COM

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

For further information concerning this matter, please call:

OZ LOPEZ

Name of Person

at (863)

Area Code

670-1780

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

FLORIDA INSURANCE CONSULTING, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 AUG -9 AM 9:52
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7-6-16 and assigned
Florida document number L16000126170.

This amendment is submitted to amend the following:

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

NO CHANGE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

415 E. MAIN STREET

SUITE B

BARTON, FL. 33830

Enter new mailing address, if applicable:

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

SAME AS ABOVE

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:

SAME

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.

SAME

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>
MGR	OSWALD F. LOPEZ	415 E. MAIN ST.	<input checked="" type="checkbox"/> Add
		SUITE B	<input type="checkbox"/> Remove
		BARTON, FL. 33830	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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VA

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

PLEASE NOTE THAT WE MADE TWO CHANGES
TO THIS LLC.

1. ADDED SUITE B TO PRINCIPAL & MAILING
ADDRESS

2. ADDED OSWALD F. LOPEZ AS 50% OWNER
AN MANAGER.

SEE ATTACHED STATEMENT OF OWNERSHIP.

E. Effective date, if other than the date of filing: 8-1-2016 (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 8-8-, 2016


Signature of a member or authorized representative of a member

OSWALD F. LOPEZ

Typed or printed name of signee

STATEMENT OF OWNERSHIP

This certifies that I, OSWALD FELIX LOPEZ, am a member of:

FLORIDA INSURANCE CONSULTING, LLC.

I own 50% of the units issued by the Limited Liability Company listed above.

**Affidavit of Applicant: I certify that the information contained herein is true
and correct to the best of my knowledge.**

OSWALD FELIX LOPEZ



(APPLICANT SIGNATURE)

August 8th, 2016

2016 AUG - 9 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA