116000202023

(Paguest	or's Name)	
(ivequesi	or s Name)	
(Address)	
(Address)	
(City/Stat	te/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



100305319401

11/06/17 --01028 --023 **25.00

INGSERICE : 17 HOV -6 AHTH: 18

O SIMMONS NOV 0 8 2017

COVER LETTER

		COVER LETTER	
TO: Registration Se Division of Cor			,
SUBJECT:	nsurance Ri Name of Lim	sk Specialists,	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eunice	Name of Person	
	Insurance	Risk Specialists	s, LLC
	2694 Su	nset Point Road	<u> </u>
	Clearwate	2r FL 38759 City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca		
Funice Name o	Halstead.	at (718) 506 Area Code Daytime	2305 Telephone Number
Enclosed is a check for the	e 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**

Insurance Risk S (Name of the Limited Liability Company) (A Florida Limited Lia	specialists, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on November 2, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2694 Sunset Point Road Clearwater, FL 33759
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33759
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2694 Sunset Point Road Clearwater, FL 33759
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

1

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, enter the title, name, and address of each person being added or removed from our records:

MGR = I $AMBR = I$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			, □ Add
			☐ Remove
			Change 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			Remove [T]
			Remove (T)
	/		Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		 	Add
			☐ Remove
			□ Change

	- _	·			
					/
	 -				/
		·			
				_/	
		·			
			/_	· · ·	
					
		/			10 TO
					N-6
					1-6 MM
·					
				<u> </u>	<u> </u>
			· · · · · · · · · · · · · · · · · · ·	·	
		<u> </u>			
/					
ective date, if other than effective date is listed, the date e: If the date inserted in the ument's effective date on the	must be specific as is block does not	nd cannot be prior to d meet the applicable			
record specifies a dela ne 90th day after the			n effective time,	at 12:01 a.m. c	n the earlier o
ed Novembu	2	2017 Wattel			
	Curia	Hattel			
	Signature of a	a member or authorize	d representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00