

L16000202023

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSURANCE RISK SPECIALISTS, 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:

EUNICE HALSTEAD

Name of Person

INSURANCE RISK SPECIALISTS HOLDINGS CORPORATION

Firm/Company

8822 BAY POINTE DR #F203

Address

TAMPA, FL 33615

City/State and Zip Code

EHALSTEAD.NYC@GMAIL.COM

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

For further information concerning this matter, please call:

EUNICE HALSTEAD

718 506-2305
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 SPECIALISTS, 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 NOVEMBER 2, 2016 and assigned
Florida document number L16000202023.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

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.

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 AMBR	Insurance Risk Specialists Holdings Corporation	8822 BAY POINTE DR #F203	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR AMBR	EUNICE HALSTEAD	8822 BAY POINTE DR #F203	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

In meeting held on January 18, 2018, it was decided that INSURANCE RISK SPECIALISTS HOLDING

CORPORATION would become the one and sole MEMBER and MANAGER of Insurance Risk Specialists, LLC

Furthermore, Eunice Halstead will continue to act as the Registered Agent for Insurance Risk Specialists, LLC

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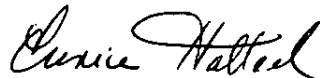
E. Effective date, if other than the date of filing: January 18, 2018 (optional)

(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 _____, _____



Signature of a member or authorized representative of a member

EUNICE HALSTEAD, President, INSURANCE RISK SPECIALISTS HOLDINGS CORPORATION

Typed or printed name of signee