

L17000114751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

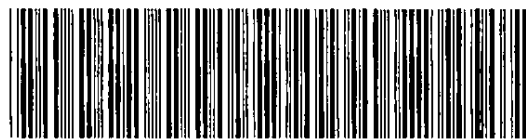
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600300271916

06/14/17--01010--014 **30.00

LED
17 JUL -3 AM 11:49
T. J. HART OF STATE
ALBUQUERQUE, FLORIDA

JUL 05 2017

VER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2017

AMY L MICHAUD
7080 SPRING HILL DR
SPRING HILL, FL 34606

SUBJECT: INSURANCE SERVICES OF AMERICA, LLC
Ref. Number: L17000114751

We have received your document for INSURANCE SERVICES OF AMERICA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 117A00012157

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Insurance Services of America 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 5/24/2017 and assigned
Florida document number L17000114751

This amendment is submitted to amend the following:

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

American Insurance Specialists, LLC
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)

7080 Spring Hill DR
Spring Hill FL
34606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7076 Mariner Blvd
Spring Hill FL
34609

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:

Amy L Michaud

New Registered Office Address:

7080 Spring Hill DR
Enter Florida street address

Spring Hill
City

Florida

34606
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.

Amy Michaud
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> |
|--------------|-------------|----------------|---------------------------------|
| | | | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

ALLIANCE, FLORIDA

17 JUL - 9 AM 11:49

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

17 JUL -3 AM 11:49
ALLAHOSSIE, FLORIDA

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.

(b) The 90th day after the record is filed.

Dated

June 10, 2017.

10. 2017.
 Amy Michael
 Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Amy Michaud
typed or printed name of signer

Typed or printed name of signer