## L1800027538

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE ALLAHASSEE, FLORID

S. WARREN MAR 0 8 2018

## **COVER LETTER**

Division of Cor	porations					
Coast Insur SUBJECT:	rance Group, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Jason L. Miller					
		Name of Person	<del></del>			
		Firm/Company				
	5925 Seabird Dr S					
		Address				
	Gulfport, FL 33707					
	<del></del>	City/State and Zip Code				
	jason.miller376@yahoo.com					
	E-mail address: (	to be used for future annual report notific	cation)			
For further information of	concerning this matter, please c	all:				
Jason Miller		727 688-1530 at ( )				
Name o	of Person		Telephone Number			
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

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

Coast Insurance Group, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co.	impany were filed on $\frac{01/30/3}{2}$	2018 and assigned
Florida document number L18000027538	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Florida All Risk Insurance, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		r records, enter the name of the nev
registered agent and/or the new registered office address	cas nere.	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	F 77 14	
	Enter Florida	street adaress
	A	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is onfirm that the limited liability

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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> Name <u>Address</u> **Type of Action** □ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change \_ 🗆 Add ☐ Remove \_□ Change \_ Add \_□ Remove \_□ Change \_□ Add □ Remove

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		date of filing: _			(optional)	_	
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Filing Fee: \$25.00

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