

214 000071410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

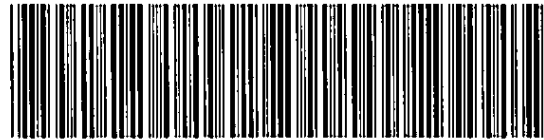
(Business Entity Name)

(Document Number)

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05/13/19--01016--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 13 AM 9:20

Amend

MAY 23 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSTA INSURANCE SOLUTIONS 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:

Charles Rountree

Name of Person

Firm/Company

3124 W. MARLIN AVENUE

Address

TAMPA, FL 33611

City/State and Zip Code

charles.d.rountree@gmail.com

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

For further information concerning this matter, please call:

Gabriella Perez/ Dewitt Law

813 251-2701
at ()

Name of Person

Area Code

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAR 13 04 09:20

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INSTA INSURANCE SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
STATE
SECRETARY OF CORPORATIONS
19 MAR 13 PM 3:20

The Articles of Organization for this Limited Liability Company were filed on 03/13/2019 and assigned
Florida document number L19000071410.

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:

3124 W. MARLIN AVENUE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33611

Enter new mailing address, if applicable:

3124 W. MARLIN AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33611

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:

INSTA REAL ESTATE SOLUTIONS, INC.

New Registered Office Address:

3124 W. MARLIN AVE.

Enter Florida street address

Tampa

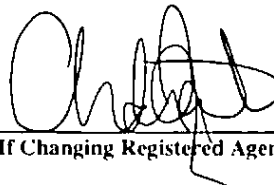
City

Florida 33611

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>
AR	NICHOLAS J KLEMP	150 E BLOOMINGDALE AVE	<input type="checkbox"/> Add
		BRANDON, FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	INSTA REAL ESTATE SOLUTIONS, INC.	3124 W. MARLIN AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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

May, 8 2019



Signature of a member or authorized representative of a member

Typed or printed name of signee