

K20 000063548

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S TALLENT  
MAY 19 2020

2020 MAY 18 AM 11:28



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 MAR 12 AM 11:30

March 31, 2020

JOHN POSTAVA  
SOS INSURANCE SERVICES LLC  
723 BEAR CREEK CIRCLE  
WINTER SPRINGS, FL 32708

SUBJECT: SOS INSURANCE SERVICES LLC  
Ref. Number: L20000063548

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ALL PAGES OF THE AMENDMENT FORM MUST BE COMPLETED AND SUBMITTED.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 620A00007005

A handwritten signature in black ink, appearing to be "J. Postava", enclosed within a circular scribble.

TO: Registration Section  
Division of Corporations

SUBJECT: SOS Insurance Services 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:

John Postava  
Name of Person

SOS Insurance Services, LLC  
Firm/Company

723 Bear Creek Cir  
Address

Winter Springs, FL 32708  
City/State and Zip Code

JohnPostava@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Postava at ( 407 ) 947-0477  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SOS Insurance Services 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 2/26/2020 and assigned Florida document number 420000063548.

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)

**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:

John A. Postma

New Registered Office Address:

723 Bell Creek Cir

Enter Florida street address

winter gardens  
City

Florida

32708

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

**MGR = Manager**  
**AMBR = Authorized Member**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

(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 (

**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.

Dated 5/12/2020

20 \_\_\_\_\_

Signature of a member or authorized representative \_\_\_\_\_

John P. St...

**Filing Fee: \$25.00**