

MO6 000003786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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ALLIANCE

R. HUNT  
02/26/24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 2466621 8276196  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : January 4, 2024  
ORDER TIME : 2:37 PM  
ORDER NO. : 246662-090  
CUSTOMER NO: 8276196

FILED  
JAN 10 2024  
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: BEECHER CARLSON INSURANCE  
SERVICES, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Beecher Carlson Insurance Services, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M06000003786

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 07/10/2006

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Brown & Brown RS Insurance Services, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.*

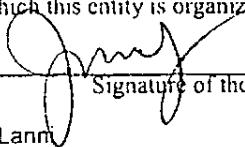
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:

  
\_\_\_\_\_  
Signature of the authorized representative

James Lann

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00



# California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

**Request Type:** Certified Copies

**Entity Name:** BROWN & BROWN RS  
INSURANCE SERVICES, LLC

**Formed In:** CALIFORNIA

**Entity No.:** 200616510203

**Entity Type:** Limited Liability Company - CA

**Issuance Date:** 02/26/2024

**Copies Requested:** 1

**Receipt No.:** 006392306

**Certificate No.:** 185620927

## Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B2398-8283	02/22/2024	Amendment	1

.. .... End of list .....

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal of the  
State of California on February 26, 2024.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

2024 FEB 26 AM 10:20  
STATE OF CALIFORNIA  
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To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).



**Secretary of State**  
**Amendment to Articles of**  
**Organization of a**  
**Limited Liability Company (LLC)**

LLC-2-NA

**Name Change Only**

Filing Fee - \$30.00

Certification Fee (Optional) - \$5.00



**Note:** You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

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**-FILED-**

File No.: BA20240349472

Date Filed: 2/22/2024

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1. **LLC Exact Name** (Enter the exact name on file with the California Secretary of State.)

Beecher Carlson Insurance Services, LLC

2. **LLC 12-Digit Entity (File) Number** (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2	0	0	6	1	6	5	1	0	2	0	3
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3. **New LLC Name** (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

Brown & Brown RS Insurance Services, LLC

**Signature**

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2-NA. (All attachments should be 8 1/2 x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-2-NA.)

Sign here

James Lanni

Print your name here