

M070000006187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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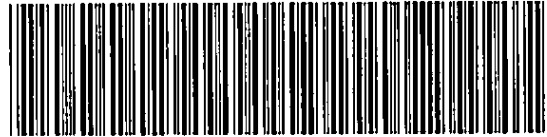
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/14/2023

Name: Juliana

Reference #: 2211634

Entity Name: ILS MANAGEMENT, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Juliana Prestia

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10015
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F: 800.944.6607

• EUROPEAN HQ
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• ASIA PACIFIC HQ
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**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: ILS Management, 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: M07000006187

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: October 12, 2007

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

5. New name of the limited liability company: _____
(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)(e), indicate that change:

The Company is managed by Members and not Managers. The following need to be amended to reflect managin

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Michael L. Graham	10000 N. Central Expr, Ste 850	<input type="checkbox"/> Add
		Dallas TX 75231	<input checked="" type="checkbox"/> Remove
Mgrm	Michael L. Graham	10000 N. Central Expr, Ste 800	<input checked="" type="checkbox"/> Add
		Dallas TX 75231	<input type="checkbox"/> Remove
Mgrm	Betsy M Blattmachr Trust	1029 W Third Ave	<input type="checkbox"/> Add
		Anchorage, AK 99501	<input checked="" type="checkbox"/> Remove
Mgrm	Blattmachr Family Trust of 2023	10000 N. Central Expr, 800	<input checked="" type="checkbox"/> Add
		Dallas, TX 75231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.

Michael L. Graham

EE3DD177516658E1631164F81943878C securedocs

Signature of the authorized representative

Michael L. Graham

Typed or printed name of signee

Filing Fee: \$25.00

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