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B. KOHR

MAY 25 2011

EXAMINER



600207916576

RECEIVED
11 MAY 25 PM 2:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 25 PM 3:07

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 05-25-2011

NAME: Global Indemnity Collectibles Insurance Services LLC

TYPE OF FILING: APPLICATION FOR AMENDMENT

COST: \$55

RETURN: certified copy

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 25 PM 3:07

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

FILED STATE
SECRETARY OF CORPORATIONS
11 MAY 25 PM 3:07

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: GLOBAL INDEMNITY COLLECTIBLES INSURANCE SERVICES, LLC
2. Jurisdiction of its organization: MARYLAND
3. Date authorized to do business in Florida: 10/29/2010

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: COLLECTIBLES INSURANCE SERVICES, LLC
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, 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 a member or the authorized representative of a member

Ronald F. Gorman, Manager

Typed or printed name of signer

Filing Fee: \$25.00

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COLLECTIBLES INSURANCE SERVICES, LLC CHANGED ITS NAME FROM GLOBAL INDEMNITY COLLECTIBLES INSURANCE SERVICES, LLC TO COLLECTIBLES INSURANCE SERVICES, LLC ON MAY 19, 2011 AT 3:46 P.M.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 23, 2011.

Paul B. Anderson

Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0007024312
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

CRTGST

ARTICLES OF AMENDMENT
for a Limited Liability Company

MAY 19 2011

5:48 PM

(1) GLOBAL INDEMNITY COLLECTIBLES INSURANCE SERVICES, LLC
Insert full name of the Limited Liability Company (LLC).

(2) The Charter of the Limited Liability Company is hereby amended as follows:

The name of the Limited Liability Company is hereby changed to: COLLECTIBLES
INSURANCE SERVICES, LLC

(3) Ronald F. Gorman
Ronald F. Gorman, Manager

Signature of Authorized Person(s)

I hereby consent to serve as Resident Agent
for the above named Limited Liability Company.

Signature required only for new resident agents

Noted 4/20/11

INSTRUCTIONS: Limited Liability Company Articles of Amendment must be approved by the unanimous consent of the members, signed by an authorized person, and filed with the Department of Assessments and Taxation at 301 W. Preston Street, 6th Floor, and Baltimore, Maryland 21201. The Articles do not have to recite the approval of the members.

The above form may be used or a document may be created based on the above format. The filing fee for this document is \$100, however other fees may apply for related services from the Corporate Charter Division.

CUST ID:0002593751
WORK ORDER:0003810331
DATE:05-23-2011 03:43 PM
AMT. PAID:\$276.00

Harbor City Research, Inc.
201 N. Charles St., Suite 900
Baltimore, MD 21201
271329 0892E

STATE OF MARYLAND

I hereby certify that this is a true and complete copy of the
page document on file in this office. Date: 5-23-11

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

By: [Signature] Commissioner

This stamp replaces our previous certification system. Effective: 6/96