

M15000 0000 512

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

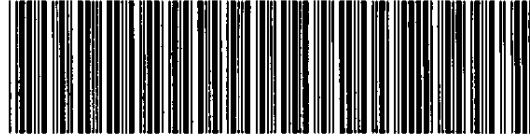
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
16 JUL 18 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 20 2016

Y SULKER

111 N RAILROAD ST  
GROESBECK, TX 76642



PHONE: 254.729.8002  
FAX: 254.729.8069

July 14, 2016

Region Code 1732

Attention: Yasemin Sulker  
Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Fax: 850-245-6014

**Ref: Name Change Supporting Documents**

Dear Sir/Madam:

We are filing the following documents on behalf of **Optisure Risk Partners, LLC**

The items checked below are enclosed.

- ☒ Deficiency Letter
- ☒ Certificate of Good Standing
- ☒ Articles of Organization

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Kaytee Vincent*

Kaytee Vincent  
Licensing & Compliance Specialist  
Insurance Licensing Services of America, Inc.  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6147  
Fax: 254.729.8069  
Email: [kvincent@ilsainc.com](mailto:kvincent@ilsainc.com)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2016

TAMMY KLUNA  
111 N RAILROAD STREET  
GROESBECK, TX 76642

SUBJECT: K TOO, LLC  
Ref. Number: M15000000512

2016 JUN 18 PM 4:08

We have received your document for K TOO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 216A00011288

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** K Too, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawna Smith  
Name of Person

ILSA Inc  
Firm/Company

111 N Railroad St  
Address

Groesbeck, TX 76642  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shawna Smith at 254 729-6158  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: K TOO, 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: M15000000512

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/21/2015

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

5. New name of the limited liability company: Optisure Risk Partners, 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

RECEIVED  
FLORIDA  
SECRETARY OF STATE

16 JUL 18 AM 11:05

FILED

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:

<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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16 JUL 18 AM 11:05  
CLERK OF SUPREME COURT  
TALLAHASSEE, FLORIDA

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

Peter Milnes

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "OPTISURE RISK PARTNERS, LLC" IS DULY  
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.



5657510 8300

SR# 20163355543

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202370876

Date: 05-24-16

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF  
K TOO, LLC

PURSUANT TO THE DELAWARE LIMITED LIABILITY COMPANY ACT  
*18 Delaware Code Sections 101 et seq.*

THE UNDERSIGNED, UNDER THE DELAWARE LIMITED LIABILITY  
COMPANY ACT, SUBMITS THE FOLLOWING CERTIFICATE OF AMENDMENT:

**FIRST:** The name of the limited liability company is:

K Too, LLC

**SECOND:** The Certificate of Formation of the limited liability company is hereby  
amended as follows:

Article FIRST of the Certificate of Formation of the Limited Liability  
Company shall be deleted in its entirety and replaced with the  
following:

FIRST: The name of the limited liability company is:

Optisure Risk Partners, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment  
on this 1<sup>st</sup> day of February, 2016.

K TOO, LLC

By:   
Paul Burke, Authorized Person