

L140000 90752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

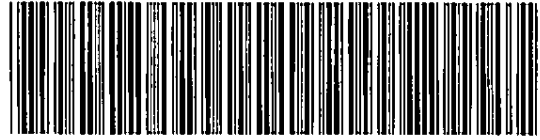
(Business Entity Name)

(Document Number)

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05/03/19--01014--019 **25.00

MAY 15 2019
S. YOUNG

FILED
19 MAY -3 PM 6:47
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 101 Insurance Agency & Tax 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:

Youssef Lande Noel
Name of Person

101 Insurance Agency & Tax services llc
Firm/Company

5777 Cedar Lake Rd Apt # 717
Address

Boynton Beach FL 33437
City/State and Zip Code

101insuranceagencyllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Youssef Lande Noel at (561) 809-6018
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

101 Insurance Agency & Tax 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 04/23/2019 and assigned Florida document number L14000090757

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NID & C Insurance Services LLC
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)

100 E Linton Blvd
Suite 101B
Delray Beach FL 33483

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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19
TALLAHASSEE, FLORIDA

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:

N/A

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		5199 NW 6th Ct	<input type="checkbox"/> Add
		Delray Beach FL 33445	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
		5277 Cedar Lake Rd #1717	<input checked="" type="checkbox"/> Add
		Boynton Beach FL 33437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I want to change the Address
5199 NW 6th Ct Delray Beach FL 334245
To the Address?
5277 Cedar Lake Rd Apt 717
Boynton Beach FL 33437

E. Effective date, if other than the date of filing: 08/01/2014 (optional)

(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 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

04/30, 2019.

Youssef Lande Noel
Signature of a member or authorized representative of a member

Youssef Lande Noel
Typed or printed name of signee