120000030572

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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08/07/20--01021--011 **60.00

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SEP 2 4 2020 S. YOUNG

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	R. Kevin Korey		
		Name of Person	
	Robert Kit Korey, PA		
		Firm/Company	
	595 W. Granada Błyd., Sto	e. A	
		Address	
	Ormond Beach, FL 32174		
		City/State and Zip Code	
	kevin@koreylawpa.com	to be used for future annual report no	
			ancanon)
ror turther intormation c	oncerning this matter, please c		
R. Kevin Korey		at () 677-3431 Area Code Dayti	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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)
 .		Name of Additional	

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paul Insurance Agency, ELC			2020
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L20000030572	were filed on 1/30/202	20	and assigned [1]
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designa	ttion "LLC" or t	the abbreviation "IL.C."
Enter new principal offices address, if applicable:	5889 S. Williamson E	Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Ste. 1414		
	Port Orange, FL 3212	28	
Enter new mailing address, if applicable:	5889 S. Williamson E	Blvd.	
(Mailing address MAY BE A POST OFFICE BOX)	Ste. 1414		
	Port Orange, FL 3212	28	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	is, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
		. Florid	a
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chapt	hities, and I ter 605, F.S.	am familiar with and Or, if this document is

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>	Type of Action
AMBR	Samuel Paul	1741 Creekwater Blvd.	
		Port Orange, FL 32128	□Remove
			□Change
			□Add
		 	□Remove
			Change
	•		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		□Add	
		□Remove	
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effective Note: 1	e date, if other than the date of filing:
the record ord is file	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 d.
Dated _	August 8 2020
	Signature of a meruber or authorized representative of a member
	R. Kevin Korey
	Typed or printed name of signee

Filing Fee: \$25.00