

L20000340531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

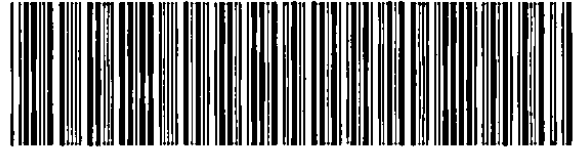
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
NOV 25 2020



600347720816

2020 NOV 25 PM 12:46
FALLAHASSIE, FLORENCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INGRAM INSURANCE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZACHARY D. INGRAM
Name of Person

INGRAM INSURANCE LLC
Firm Company

3000 PRESIDENTIAL WAY #207
Address

WEST PALM BEACH, FL 33401
City, State and Zip Code

zdingram07@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ZACHARY INGRAM at 561 290-9563
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) |
|---|--|--|--|

NO FEE PER EMAIL

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

FILED
2020 NOV 25 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ingram Insurance LLC
Name of the Limited Liability Company as it now appears on our records.

The Articles of Organization for this Limited Liability Company were filed on 10/27/2020 and assigned
Florida document number L20000340531

This amendment is submitted to amend the following:

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

ZACH INGRAM INSURANCE LLC
Please write most of the name of the new company in full. If you use an abbreviation, LLC, enter the abbreviation, LLC.

Enter new principal offices 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)

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 _____

New Registered Office Address _____

Enter new street address

_____, Florida _____
City State 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 relating 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

ALLAHASSEE, FLORIDA
2020 NOV 25 PM 12:46
FILED

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2020 NOV 25 PM 12:46

