L22000129971

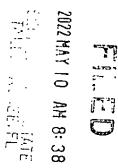
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
M3 HRO,	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	WILLIAM H. ROBBINS	ON, JR., ESQUIRE	
		Name of Person	·
	ZIMMERMAN, KISER &	SUTCLIFFE, P.A.	
		Firm/Company	
	315 E. ROBINSON STRE	ET, SUITE 600	
		Address	
	ORLANDO, FLORIDA 3	2801	
		City/State and Zip Code	
	REGISTEREDAGENT@Z		
		to be used for future annual report noti	ification)
For further information	concerning this matter, please e	all:	
Jessica Snyder, Corpora	ite Paralegal	407 425-7010 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for (he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration Division of (Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Z022 HAY 10 AM 8: 38

(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 MARCH 29, 2022 ____ and assigned Florida document number _L22000129971 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M3 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) 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 Florida street address . Florida _ City

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 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>	Address	Type of Action
A REP	William H. Robbinson, Jr.	315 E. Robinson Street, Suite 600	= Add
		Orlando, FL 32801	□Remove
			□ Change
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an effective date is li ote: If the date in	her than the date of filing the date must be specific are crited in this block does not date on the Department of	nd cannot be prior meet the applica	o date of filing or t	nore than 90 days after f	iling.) Pursuant to 605,020
record specifies a c is filed.	elayed effective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
nted May 10		. 2022	- Wal	4	
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Filing Fee: \$25.00