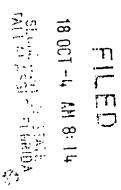
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COVER LETTER

TO:	Registration Se Division of Cor							
erio tuz		SURANCE SOLUTIONS LLC						
SUBJE	ν1: <u> </u>	Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please re	eturn all correspo	ondence concerning this matter	to the following:					
		PAUL FRANSON						
		LEDGERPLUS	Name of Person					
	Firm/Company 150 SOUTH UNIVERSITY DRIVE SUITE C							
		PLANTATION, FLORIDA	Address NTATION, FLORIDA 33324					
		PFRANSON@LEDGERPL	City/State and Zip Code .US.COM					
			to be used for future annual report notif	ication)				
For furth	ner information c	oncerning this matter, please ea	all:					
PAUL F	FRANSON		954 472-9144 at ()					
	Name o	f Person	at () Area Code Daytime	Telephone Number				
Enclosed	l is a check for th	ne 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

ABBEY INSURANCE SOLUTIONS 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 $\frac{09/17/2018}{2}$ and assigned Florida document number _L18000219859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NEO INSURANCE SOLUTIONS 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

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.

Cirv

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 bei	ing adde
or removed from our records:	

MGR = Månager AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** _□ Add _□ Remove _□ Change _ 🗆 Add _□ Remove □ Change _D Add _□ Remove ☐ Change Reingve ⇒ □ Çhinge ☐ Remove _□ Change □ Add _□ Remove _□ Change

D. If amending any other informa	tion, enter change(s) here: (Attach add	ditional sheets, if no	ecessary.)	
. —————————————————————————————————————				
				 -
				
	<u></u>		·	
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl-document's effective date on the December 2015.	it be specific and cannot be prior to date of filing oock does not meet the applicable statutory f	or more than 90 days af	tional) ter filing.) Pursi his date will n	uant to 605.0207 (3)(ot be listed as the
f the record specifies a delayed b) The 90th day after the rec	l effective date, but not an effectiv ord is filed.	e time, at 12:01	a.m. on th	ne earlier of:
Dated OCTOBER 01	Juense L		18 0CT - Salvára	<u> </u>
AL AND DEPOSIT	Signature of a member or authorized representa	tive of a member	AM AM	ui L
ALAN WUENSCH	Typed or printed name of signe	e		

Page 3 of 3

Filing Fee: \$25.00