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## **COVER LETTER**

TO: Registration Section

SUBJECT:    GORDON REISS INSURANCE, LLC   Name of Limited Liability Company	Div	ision of Cor	perations		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    David S. Romanik, Esq.		GORDON	REISS INSURANCE, LLC		
Please return all correspondence concerning this matter to the following:    David S. Romanik, Esq.	SUBJECT:		Name of Lim	ited Liability Company	
Please return all correspondence concerning this matter to the following:    David S. Romanik, Esq.					
David S. Romanik, Esq.    David S. Romanik, P.A.	The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
David S. Romanik, P.A.    P.O. Box 993	Please return	all correspon	ndence concerning this matter	to the following:	
David S. Romanik, P.A.    P.O. Box 993			David S. Romanik, Esq.		
Firm/Company  P.O. Box 993  Address  Ocala, FI 34478  City/State and Zip Code  davidromanik@mac.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  David S. Romanik, Esq.  Name of Person  The continue of Person  Enclosed is a check for the following amount:  Securificate of Status  Certified Copy (additional copy is enclosed)  Mailting Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee				Name of Person	
Address    Cata, Fl 34478     City/State and Zip Code     Code     City/State and Zip Code     City/State and Zip Code     City/State and Zip Code   City/State   City/State   City/State   City/State   City/State   City/State   City/State   City/State   City/State   City/State			David S. Romanik, P.A.		
Address  Ocala, Fl 34478  City/State and Zip Code  davidromanik@mac.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  David S. Romanik, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Malling Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee			<del></del>	Firm/Company	
David S. Romanik, Esq.    Post   Street Address: Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327   Daytime Telephone Number   Daytime Telephone Number   Stimulational code   Daytime Telephone Number   Stock   Daytime Telephone Number   Daytime Telephone Number   Daytime Telephone Number   Stock   Daytime Telephone Number   Daytime Telephone			P.O. Box 993		() <del>[=</del>
David S. Romanik, Esq.    Post   Street Address: Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327   Daytime Telephone Number   Daytime Telephone Number   Stimulate   Status   Street Address   Street Address   Certificate of Status   Certificate   Status   Certificate   Certificate				Address	—— TA
David S. Romanik, Esq.    Post   Street Address: Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327   Daytime Telephone Number   Daytime Telephone Number   Stimulate   Status   Street Address   Street Address   Certificate of Status   Certificate   Status   Certificate   Certificate			Ocala, Fl 34478		更有 第
David S. Romanik, Esq.    Post   Street Address: Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327   Daytime Telephone Number   Daytime Telephone Number   Stimulate   Status   Street Address   Street Address   Certificate of Status   Certificate   Status   Certificate   Certificate				City/State and Zip Code	
David S. Romanik, Esq.    Post   Street Address: Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327   Daytime Telephone Number   Daytime Telephone Number   Stimulational code   Daytime Telephone Number   Stock   Daytime Telephone Number   Daytime Telephone Number   Daytime Telephone Number   Stock   Daytime Telephone Number   Daytime Telephone					
David S. Romanik, Esq.    Post   Street Address: Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327   Daytime Telephone Number   Daytime Telephone Number   Stimulational code   Daytime Telephone Number   Stock   Daytime Telephone Number   Daytime Telephone Number   Daytime Telephone Number   Stock   Daytime Telephone Number   Daytime Telephone			E-mail address: (	to be used for future annual report notificati	on) Fig. 7
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailling Address: Registration Section Division of Corporations P.O. Box 6327  Area Code  Daytime Telephone Number  Stock  Daytime Telephone Number  Stock  Daytime Telephone Number  Stock  Certified Copy (additional copy is enclosed)  Street & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee	For further in	nformation co	oncerning this matter, please c	all:	四百 55
Enclosed is a check for the following amount:    \$25.00 Filing Fee	David S. Ro	manik, Esq.		at ()	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)    Street Address:   Registration Section   Division of Corporations   P.O. Box 6327   Street Address:   Street Address:   Certified Copy (additional copy is enclosed)		Name of	f Person	Area Code Daytime Tel	ephone Number
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee	Enclosed is a	check for th	e following amount:		
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	□ \$25.00 F	Filing Fee	<del>_</del>	Certified Copy	Certificate of Status & Certified Copy
P.O. Box 6327 The Centre of Tallahassee					n

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GORDON REISS INSURANCE, LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Organization for this Liability Organization f	Company were filed on <u>09/25/2003</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
REISS AGENCY, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		023 F
(Principal office address MUST BE A STREET ADD)	RESS)	百百 田
		24 AH
		97
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		77 5
		ריז
B. If amending the registered agent and/or registered	d office address on our records, enter the	name of the new registered
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
· <del>-</del>	Enter Florida street address	
	, Florida	1
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and block does not m	cannot be prior to seet the applica	odate of filing or	more than 90 days a ng requirements,	fter filing.) Pursua this date will no	int to 605.0207 () it be listed as th
ne record specifies a delayed effectord is filed.	tive date, but not	an effective tin	ne, at 12:01 a.m	on the earlier of:	(b) The 90th	day after the
Dated January 18		2023				
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Filing Fee: \$25.00

Typed or printed name of signee