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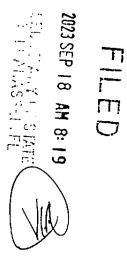
(Requestor's Name)	
(Address)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	_ _





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09/14/22--01009--020 **25.00



COVER LETTER

TO: Registration S Division of Co				
	red Insurance, LLC			
SUBJECT:	Name of Lin	nited 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 Lewis Schall			
		Name of Person		
	1st Preferred Insurance, LI	LC		
		Firm/Company	. =:++	
	2748 East Commercial Blv	vd		
		Address		
	Fort Lauderdale, FL 33308	3		
	**	City/State and Zip Code	···	
	billy@1stpreferredins.com			
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	(fication)	
William Lewis Schall	concerning this matter, prease c	954 557-3716		
	of Person	at ()		
Name	or Person	Area Code Dayum	e 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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 63.	27	The Centre of T	Fallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st Preferred Insurance, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/01/2003	and assigned
Florida document number L03000037519		-
This amendment is submitted to amend the following:		
This amendment is subtlatted to afficild the following.		
A. If amending name, enter the new name of the limited	liability company here:	
- ·	٠.	-
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	7)	
The state of the s		20
		🐱
	2748 East Commercial Blvd	E gg TI
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33308	' C '
		A 111
		- 150 &
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
177 Assisted Other Addies.	Enter Florida street address	
	, Flor	-ida
	City , Flot	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 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>	Address	Type of Action
AMBR	Ellen Gloria Schall	3520 Oaks Way #109,	□Add
		Pompano Beach, FL 33069	■Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
		 .	□Remove
			Change
		_	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member	August 7 Dated	2023		
William Lewis Schall MGR		Signature of a member or authorized	representative of a member	
	William Lewis Sch	all MGR		

Filing Fee: \$25.00