

L04000004504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

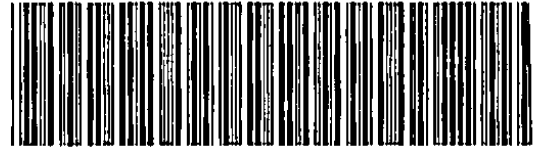
(Business Entity Name)

(Document Number)

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11/22/22--01009--020 **55

SECRETARY OF STATE
TALLAHASSEE, FL

McKinney Insurance & Investments

Honor Ring Agency
Allstate Insurance Company
3009 Highway 77, Suite M
Panama City, FL 32405
Bus: (850) 784-4301
Fax: (850) 215-1212



Mark S. McKinney – Managing Member

(REGISTERED AGENT CHANGE)

McKinney Insurance & Investments, LLC

3009 Hwy 77, Suite M

Panama City, Florida 32405

Business Phone: 850.784.4301

Cellular Phone: 850.832.6767

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCKINNEY INSURANCE & INVESTMENTS, 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:

MARK S MCKINNEY

Name of Person

MCKINNEY INSURANCE & INVESTMENTS, LLC

Firm/Company

3009 HIGHWAY 77 STE M

Address

PANAMA CITY, FL 32405

City/State and Zip Code

MARKMCKINNEY@ALLSTATE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK S MCKINNEY

850

784-4301

at (_____) _____

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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCKINNEY INSURANCE & INVESTMENTS, 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 06/16/2004 and as
Florida document number L04000045045.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

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)

SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

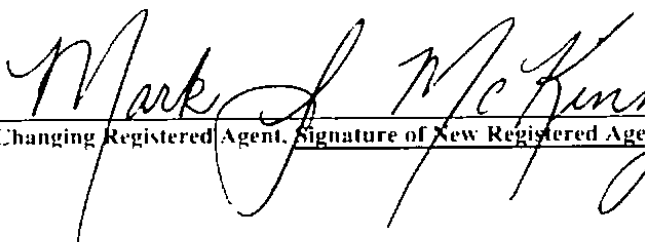
Name of New Registered Agent: MARK S MCKINNEY

New Registered Office Address: 3009 HIGHWAY 77 STE M
Enter Florida street address

PANAMA CITY, Florida 32405
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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
			<input type="checkbox"/> Academic
			<input type="checkbox"/> Research
			<input type="checkbox"/> Character
			<input type="checkbox"/> Address
			<input type="checkbox"/> Research
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			<input type="checkbox"/> Character

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6C

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.

Dated NOVEMBER 17

2022

Mark J. McKinney
Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

(MARK S. MCKINNEY
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00