# L05000017522

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





400429633284



is. HUMI Clary//2/



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/04/24 Order #: 1524424-1

Re: Public Entities Of America, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$60.00 - FL State Account Number: white were

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

#### COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** Public Entities of America, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kerri Riechers Name of Person Firm/Company 605 Highway 169 North, Suite 800 Address Plymouth, MN 55441 City/State and Zip Code kriechers@intactinsurance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kerri Riechers Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & **\$60.00** Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Public Entities of America, LLC	<u>.                                    </u>	
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on orda Limited Liability Company)	our records.)
he Articles of Organization for this Limited Liabili lorida document number L05000013522		y 9, 2005 and assigned
his amendment is submitted to amend the following		
. If amending name, enter the new name of the	limited liability company here:	
ntact 2024 LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	:	
Principal office address MUST BE A STREET AL	<del> </del>	
		·
		•
nter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX	0	• • • • • • • • • • • • • • • • • • • •
		:. 3
. If amending the registered agent and/or regist ent and/or the new registered office address he		ls, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	City	, Florida
	City	, Florida 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			□Change
			□Remove
			: Change
		· · · · · · · · · · · · · · · · · · ·	<u>ප</u>
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

<del></del>	<del></del>			· <u></u> -
				<del></del>
·				
				· · · · · · · · · · · · · · · · · · ·
				· .
				::
			<del></del> , <u>-</u> -	
Effective date, if other than that If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the	applicable statutory fi	(option r more than 90 days after ling requirements, this	nal) filing.) Pursuant to 605.02 date will not be listed a
e record specifies a delayed effec rd is filed.	tive date, but not an effec	tive time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after th

Filing Fee: \$25.00

CSC AMEND-13489