

205000101976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

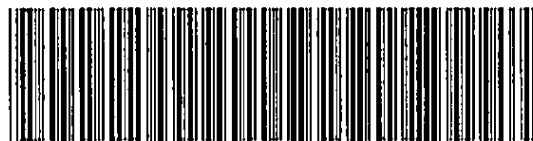
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FILED
2022 JUN -7 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLETT INSURANCE, P.L.

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:

London L. Bates, Esquire

Name of Person

Bates | Wallach

Firm/Company

P. O. Box 1213

Address

Dunedin, FL 34697

City/State and Zip Code

London@BatesWallach.com

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

For further information concerning this matter, please call:

London L. Bates, Esquire

727 734-8700
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

BATES | WALLACH

A Client-Centered Law Firm

LONDON L. BATES, ESQUIRE
Attorney-at-Law
Certified Public Accountant
London@BatesWallach.com

LESLEE J. WALLACH, ESQUIRE
Attorney-at-Law
Certified Public Accountant
Master of Business Administration
Leslee@BatesWallach.com

June 2, 2022

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

Re: Ellett Insurance, P.L.
Florida Document Number: L05000101976
Articles of Amendment

Dear Sir/Madam:


I am writing this letter with respect to Ellett Insurance, P.L.

I have enclosed for filing Articles of Amendment to the Articles of Organization to change the name of the company to E & M Family Business, P.L.

I have also enclosed a check made payable to the Florida Division of Corporations in the amount of \$25.00.

Should you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Very truly yours,



London L. Bates

LLB:cak
Enclosures

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

2022 JUN -7 AM 7:08

Ellett Insurance, P.L.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
HALLSLEE, FL 32608

The Articles of Organization for this Limited Liability Company were filed on October 13, 2005 and assigned
Florida document number L05000101976.

This amendment is submitted to amend the following:

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

E & M Family Business, P.L.

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)

2901 SW 70th Lane

Gainesville, FL 32608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2901 SW 70th Lane

Gainesville, FL 32608

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:

2901 SW 70th Lane

Enter Florida street address

Gainesville

City

Florida 32608

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

[illegible]

[illegible]

(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 605.0207 (3)(b)

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 the record is filed.

Dated May 31, 2022

Edward C. Gless
Signature of a member or authorized representative of a member

Edward C. Ellett, Managing Member

Typed or printed name of signee

Filing Fee: \$25.00