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## 10700094427

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Name	e)
(Dc	cument Number)	
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## **COVER LETTER**

TO:	Registration Section Division of Corporation	I <b>S</b> , a'		,	
, 5110 I F	ct. Custom	Thsur	ance	Contractors.	درد
SUBJE		Name	of Limited	Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

Brant Vermeulen Name of Person
Custom Insurance Contractors, LLC Fim/Company
12504 Blue Heron Way
Leesburg, FL 34748 City/State and Zip Code
<u>Fandy @ CIC nome inspect.com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Hobacod at (<u>352</u>) <u>504 - 9362</u> Area Code Daytime Telephone Number James

Enclosed is a check for the following amount:

S25.00 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)

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 

Street Address:
Image: Composition Section

Division of Corporations
Image: Composition Section

The Centre of Tallahassee
Image: Composition Section

2415 N. Monroe Street, Suite 810
Image: Composition Section

Tallahassee, FL 32303
Image: Composition Section

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Street Address
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ARTICLES OF A T( ARTICLES OF O	0	
	ARTICLES OF ORGANIZATION OF OF Description of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company) is Limited Liability Company were filed on <u>Sept 14, 2007</u> and assigned 000094427. nend the following: new name of the limited liability company here: ad contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." ess, if applicable: DEA STREET ADDRESS) plicable:	
<u>Custom Insurance</u> ( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>Contractors</u> , LLC <u>ny as it now appears on our records.</u> ) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $L07000094427$ .	were filed on Sept 14, 2007 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		-
<b>B.</b> If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	uddress on our records, <u>enter the name of the new registe</u>	<u>ered</u>
Name of New Registered Agent:		—
New Registered Office Address:	Enter Florida street address	_
	, Florida City Zip Code	 (?n
New Registered Agent's Signature, if changing Registered Agent:	2021	C)
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete t	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and	the

Thereby accept the appointment as registered agent and agree to act in this cupacity. I further agree to comply why 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 is company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	James Hobgood	4147 Picciola Rd	🗆 Add
		Fruitland Park, FL	IRemove
		34731	🗆 Change
MGR	Tiffary Hobgood	4147 Picciola Rd	🗆 Add
		Fruitland Park, FL	DRemove
		34731	□Change
			🗆 Add
			🗆 Remove
			□Change
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			□Change

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

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Effect	ive date, if other than ective date is listed, the dat	• the date of file e must be specific	ling: and cannot be prior	to date of filing or more	<b>option</b> than 90 days after fi	n <b>al)</b> $\stackrel{\sim}{\overset{\sim}{\overset{\circ}{\overset{\circ}{\overset{\circ}}}}}$ iling.) Pursuant :	i 10 60 <b>5.0</b> 207 (3
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Filing Fee: \$25.00