207000117692

| (R | lequestor's Name) | |
|-------------------------|-------------------------|--------|
| (A | ddress) | |
| (A | ddress) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| | | |
| (C | Ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Corp | HOLSHOD2 | • | | |
|---|---|---|--|--|
| | Insurance Agency, LLC | | | |
| SUBJECT: | Name of Limit | ed Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are subn | nitted for filing. | | |
| | ndence concerning this matter t | | | |
| | Zachary J. Glaser | | _ | |
| | | Name of Person | | |
| | Bennett, Jacobs & Adams, | P.A. | | |
| | | Firm/Company | | |
| | P.O. Box 3300 | | | |
| | | Address | | |
| | Tampa, Florida 33601 | | | |
| | zgłaser@bja-ław.com | City/State and Zip Code | | |
| | E-mail address: (1 | to be used for future annual report n | otification) | |
| For further information c | oncerning this matter, please ca | all: | | |
| Zach Glaser | | 813 452-2915 at () | | |
| Name o | f Person | Area Code Day | time Telephone Number | |
| Enclosed is a check for the | ne 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 Addre | | <u>Street Address</u> Registration | i Section | |
| Registration Section Division of Corporations | | Division of C | Corporations | |
| P.O. Box 6327 | | The Centre of | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| Dan Woron Insurance Agency, LLC | | 28 |
|---|---|---------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | 20 H |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L07000117692</u> | were filed on 11/21/2007 | 2020 HA stand assisted AH |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | 40 |
| El Hefe Man, LLC | | 11 12 mt 1 C " |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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) | 2236 SE Montros Port St Lucie, FL | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2236 SE Monte Pt St Lucie, FL | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the na | nme of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | ri | |
| | , Florida | Zip Code |
| | y | |

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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|). If amending any other in | formation, enter change(s) here: (Attach additional sheets, if necessary.) |
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| N's as a lift by detector of the | May 1, 2020 (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3X in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records. |
| If the record specifies a delayed record is filed. | I effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated May 15 | 2020 |
| D | Signature of a member or authorized representative of a member |
| Daniel A. Won | on |
| | Typed or printed name of signce |

Filing Fee: \$25.00