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EXAMINER



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## **COVER LETTER**

то:	Registration S Division of Co					
SURII	SUBJECT: Fussell Insurance and Benefits, LLC					
Name of Limited Liability Company						
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
•		William J. Anderson				
W		lliam J. Anderson, P.A.				
		Firm/Company				
101		NE 3rd Ave., Suite 150	)			
Address						
	Ft. Lauderdale, FL 33301					
			City/State and Zip Code			
		Bil E-mail address: (	l@williamanderson.biz to be used for future annual report	notification)		
For fu	rther information	concerning this matter, please of	call:			
	Willi	am J. Anderson	at (_954_)	332-3744		
-	Name	of Person	Area Code & Da	ytime Telephone Number		
Enclos	sed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng e Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fussell Insur	rance and Benefits, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability	Company were filed on 4/24/20	and assigned	
Florida document number L08000071430	, ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		TALL	
(Principal office address MUST BE A STREET ADD	RESS)		
		\$ <del>*</del>	
		SAY - I	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2.5 2.5	
		DA 7	
B. If amending the registered agent and/or regis		s, enter the name of the nev	
registered agent and/or the new registered office add	<u>dress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> <u>Name</u> **Address MGRM** Timothy R. Fussell 1007 N. Federal Highway ☐ Add √ Remove Suite 292 Fort Lauderdale, FL 33308 Timothy Ray Fussell
Revocable Trust Agreement 1007 N. Federal Highway MGRM ✓ Add First Amendment and Suite 292
Restakment dated March 3, Fort Lauderdale, FL 33308 Remove \_\_ Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 1 2010 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member William J. Anderson, P.A. Typed or printed name of signee

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Filing Fee: \$25.00