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J SHIVERS

COVER LETTER

TO:	Registration Sec Division of Corp			
CHD IE		Insurance LLC		
SUBJE	LI:	Name of Lim	ited Liability Company	
The encl	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Deborah Boynton		
			Name of Person	
		Center State Insurance LLC	C	
			Firm/Company	
		3939 E Knights Griffin Rd		
			Address	
		Plant City, FL 33565		
			City/State and Zip Code	
		boyntond1969@gmail.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For furth	ner information con	ncerning this matter, please ca	all:	
	Deboran	Boynton	at (803) 800 - 7 Area Code Daytime	7741
	name of	rerson	Area Code Daytime	Telephone Number
Enclosed	d is a check for the	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 ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Center State Insurance LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 11/10/2008 and assigned
Florida document number L08000104828	·
his amendment is submitted to amend the following:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable:	
he new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	istered office address on our records, enter the name of the ne
egistered agent and/or the new registered office ad	dress here:
Name of New Registered Agent:	S 2 2
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Evander Boynton	3939 E Knights Griffin Rd	☐ Add
		Plant City, FL 33565	■ Remove
			☐ Change
MGR	Brandon Jewell	3939 E Knights Griffin Rd	□ Add
		Plant City, FL 33565	Remove
			☐ Change
	<u> </u>		Add
			□ Remove
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ective date, if other than the date of filing:			(0	ptional)		
effective date is listed, the date must be specific and cannot be p te: If the date inserted in this block does not meet the app			e than 90 days	after filing.) Pu		
ument's effective date on the Department of State's reco		, ,	1	,		
record specifies a delayed effective date, but he 90th day after the record is filed.	not an e	Tective tir	ne, at 12:0)1 a.m. on	tne e	arlier
ed May 18 2017						
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Filing Fee: \$25.00