LIO 000086737

(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Ascendia Insu	rance Services LLC	•:		•
SUBJE.CT:		Name of Lim	ited Liability Company		
		nendment and fee(s) are sub	_		
r tease return	an correspond	the concerning this matter	w the following.		
		CH	narles Hosie		
			Name of Person		
		Asc	endia Insurance Services	LLC	
			Firm/Company		2021
		335	5 Clark Rd Suite 103		T
			Address		119
		Sara	asota Florida 34231		
			City/State and Zip Code		25.16
	-		ckhosie@aol.com to be used for future annua	report notification	<u> </u>
For further in	iformation cond	erning this matter, please c		·	
	Charles Hosic	2	941 3 at ()	349-1234	
	Name of Pe	erson	Area Code	Daytime Teleph	hone Number
Enclosed is a	check for the t	ollowing amount:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address: gistration Sec	ction	<u>Street A</u> Registi	address: ration Section	
	vision of Con D. Box 6327	porations		on of Co rp orati entre of Tallaha	
	lahassee, FL	32314		I. Monroe Stre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

Ascendia Insurance Services LLC

(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document numberL10000086727	empany were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Canusa Insurance Services LLC	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ess)
	71 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	min N hand
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	, Florida
provisions of all statutes relative to the proper and coaccept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address. I hereby confirm that the limited liability
	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>	Address	Type of Action
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			Remove
			Change
			□Add
			Remove
			□Change
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	delayed effective date.	but not an effect	ive time, at 12:	01 a.m. on the	earlier of: (b)	The 90th d	lay after the
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