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COVER LETTER

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SUBJECT	Linq Comp	anies, LLC	•		
SUBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	rn all correspo	ndence concerning this matter	to the following:		
		Guadalupe Hernandez			
			Name of Person		_
		Acrisure, LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<u>.</u>	- 0 B
		100 Ottawa Ave NW			
			Address	-	
		Grand Rapids, MI 49503			[1]
			City/State and Zip Code		د د لايدو مه
		CorporateAffairs@acrisure			
Con Brethre	information o	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)	f+i
		oncerning this matter, please c			
Guadalupe	: Hernandez		616 265-1772 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Numb	er
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	lailing Addres		Street Address: Registration S	ection	
	_	Corporations	Division of Co		
P.	.O. Box 632	.7	The Centre of		010
i	allahassee, I	FL 32314	2410 N. Monr	oe Street, Suite	OIV

Tallahassee, FL 32303

COVER LETTER

	Registration Se Division of Cor					
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SOBJEC	Т:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fce(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Guadalupe Hernandez				
			Name of Person			
		Acrisure, LLC_				3
			Pirm/Company			Priorie Priorie
		100 Ottawa Ave NW				
			Address			
		Grand Rapids, MI 49503				
			City/State and Zip C	ode		
		CorporateAffairs@acrisure			N	۳. ر
For furthe	er information c	oncerning this matter, please c	to be used for future an all:	nual report nou	neation)	
Guadaluį	pe Hemandez		616	265-1772		
	Name o	f Person	at (at Code	Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:				
□ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Cop (additional copy)	у	Certified (e of Status &
	Mailing Addres Registration 5			et Address: istration Sec	ction	
	Division of C			ision of Cor		
!	P.O. Box 632	7		Centre of T		٥
	Tallahassee, l	L 32314	241.	o N. Monro	e Street, Suite 81	υ

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ling Companies, LLC		
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L10000106679	were filed on 10/12/2010 a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
LC Companies Associates, LLC	(.	ئے۔ نہ
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrevie	tion "LEC."
Enter new principal offices address, if applicable:	2100 Ponce de Leon Boulevard, Ste. 601	
Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Florida 33134	(C)
		رت:
Enter new mailing address, if applicable:	2100 Ponce de Leon Boulevard, Ste. 601	 ડુ: O
Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33134	.;; -
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of	the new regis
	address on our records, enter the name of	the new regis
gent and/or the new registered office address here:		the new regis
ngent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of	the new regis
Name of New Registered Agent:	Enter Florida street address	the new regis

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:

MCD =	Manager
MOK-	irtanagei
AMRD =	Authorized Member
ANIDIC -	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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ective date, if other than the	date of filing:	(optional)	
n effective date is listed, the date mus	st be specific and cannot be prior to date of filir	ng or more than 90 days after filing.) Pursuant ry filing requirements, this date will not b	to 605.02 e listed
cument's effective date on the D		,	
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day	after th
January 2	. 2023		
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Filing Fee: \$25.00