

L10000128954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

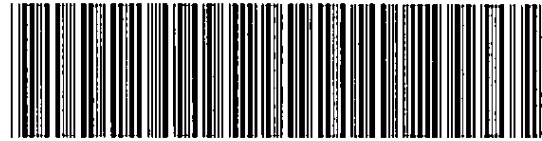
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA SUNSHINE INSURANCE AGENCY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA DUNCAN
Name of Person

FLORIDA SUNSHINE INSURANCE AGENCY, LLC
Firm/Company

113 OVEROAKS PLACE
Address

SANFORD, FL 32771
City/State and Zip Code

PAULA@FLSUNSHINEINS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA DUNCAN at (407) 687-2868
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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

FLORIDA SUNSHINE INSURANCE AGENCY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2010 and assigned
Florida document number L10000128954.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~FLORIDA SUNSHINE INSURANCE AGENCY, LLC~~

The new name must be distinguishable and end with 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)

212 SANFORD AVENUE

SANFORD, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGES

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MELISSA D. ROSENDAHL

New Registered Office Address:

212 SANFORD AVENUE

Enter Florida street address

SANFORD

City

Florida

32771

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.

Melissa Rosen Dahl
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

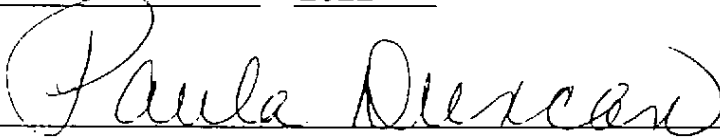
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARY TRAWICK	214 S SANFORD AVE	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
MGR	MELISSA D. ROSENDAHL	6211 BORDEAUX CIRCLE	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Ownership of the shares of the company will be divided equally between
Paula D. Duncan and Melissa D. Rosendahl.

Passing of Interest in Business: Should Paula D. Duncan be deceased, all her
interest and rights in the business shall pass in full to Bobby P. Duncan. Should
both Paula D. Duncan and Bobby P. Duncan be deceased, then all of Paula D.
Duncan's portion of interests and rights in the business shall pass in full to
Bobby Jay Duncan and Melissa D. Rosendahl equally.

Dated DECEMBER 27 2022



Signature of a member or authorized representative of a member

PAULA DUNCAN

Typed or printed name of signee

Typed or printed name of signee

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Filing Fee: \$25.00