## [11000035230

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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K.SALY EXAMINER MAR 24

## **COVER LETTER**

	Division of Corp			
SUBJEC		INK INSURANCE GROUP L	LC	
30000	-1	Name of Limi	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		DAMION MCKENZIE		
			Name of Person	
		SQUARE LINK INSURA	NCE GROUP LLC	
			Firm/Company	
		3662 WEST OAKLAND I	PRK BLVD	
			Address	
		LAUDERDALE LAKES I	FL 33311	
			City/State and Zip Code	
		SQLINSURANCE@GMAI		
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	all:	
DAMIO	N MCKENZIE		954 687-4795	
	Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne 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



SQUARE LINK INSURANCE GROUP 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 03/23/2011 and assigned	
Florida document number L11000035230		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
		_
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	3662 WEST OAKLAND PARK BLVD	_
(Principal office address MUST BE A STREET ADDRESS)	LAUDERDALE LAKES FL 33311	_
		_
Enter new mailing address, if applicable:	3662 WEST OAKLAND PARK BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	LAUDERDALE LAKES FL 33311	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	——————————————————————————————————————	<u>nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	_
	·	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

or removed from our records:  MGR = Manager  AMBR = Authorized Member		Address  Add		
<u>Title</u>	<u>Name</u>	<u>Address</u>	TALLAHASSEEDE SILE	Type of Action
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	on, enter change(s) here: (Attach additional sheets, if necessary.)  20/6 MAR 2  74/14 SSF OF S
	TALLANDA CO
	SFE.F.
	late of filing: 3/15/20/6 (antional)
Effective date, if other than the	late of filing: 3/15/20/6 (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirements, this date will not be listed
document's effective date on the De	partment of State's records.
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier rd is filed.
·	
Dated	
	- 1/1 effm

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00