

L12000143005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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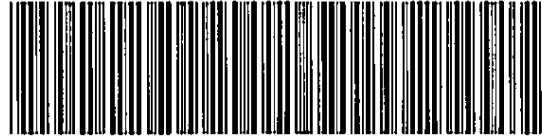
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 08 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERTICAL INSURANCE & FINANCIAL SERVICES, 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:

ESTEBAN FERRER

Name of Person

VERTICAL INSURANCE AGENCY, LLC.

Firm/Company

3075 W. OAKLAND PARK BLVD., SUITE 103

Address

OAKLAND PARK, FL 33311

City/State and Zip Code

Esteban@Verticalinsurance.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEBAN FERRER

954 604-6302 Ext. 102

at () Daytime Telephone Number
Name of Person Area Code

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
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**

VERTICAL INSURANCE & FINANCIAL SERVICES, 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 11/13/2012 and assigned
Florida document number L12000143005.

This amendment is submitted to amend the following:

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

VERTICAL INSURANCE AGENCY, LLC.

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:

3075 W. OAKLAND PARK BLVD., SUITE 103

(Principal office address MUST BE A STREET ADDRESS)

OAKLAND PARK, FL 33311

Enter new mailing address, if applicable:

3075 W. OAKLAND PARK BLVD., SUITE 103

(Mailing address MAY BE A POST OFFICE BOX)

OAKLAND PARK, FL 33311

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FL

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> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| | | _____ | <input type="checkbox"/> Change |

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

2019

Signature of a member or authorized representative of a member

ESTEBAN FERRER

Typed or printed name of signee