## L13 000 017843

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

SHRIFCT:		ance Services LLC dba Coast a	nd Country Insurance Age	ency
SOBJECT.	•	Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
For further inform Susan D Harris  Enclosed is a chec		Susa D Harris		
			Name of Person	
		DRH Insurance Services L	LC	
For further infor Please return all  Enclosed is a che  \$25.00 Filin  Mailing Regist			Firm/Company	<del></del>
		6320 Albatross DRive		
			Address	
		New Bern NC 28560		
			City/State and Zip Code	
		accounting@coastandcount	-	
		E-mail address: (	to be used for future annual re	eport notification)
For further in	nformation co	oncerning this matter, please ca	all:	
Susan D Ha	rris		904 476 Area Code	-8463
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 I	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	iling Addres gistration S		<u>Street Ad</u> Registra	dress: tion Section
Dis	vision of C	orporations	Division	of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRH Insurance Services LLC dba Coast and Co	untry Insurance Agency	
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 02/04/2013	and assigned
Florida document number L13000017843		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<del></del>
	<del></del>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		TACK B
B. If amending the registered agent and/or registered of	ffice address on our records, enter the n	ame of the new register
agent and/or the new registered office address here:		31 HA
		Sac B
Name of New Registered Agent:		<u>— — — — — — — — — — — — — — — — — — — </u>
New Registered Office Address:		FA +3
	Enter Florida street address	FTI .
	, Florida	
	City	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 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>	Address	Type of Action
Mgr	Earnesteen Townsend	7855 Argyle Forest Blvd #402	□Add
		Jacksonville, FL 32244	<b>≡</b> Remove
		<del></del> .	□Change
			□Add
			□Remove
			□Change
			□Add
		400	□Remove
		<del></del>	□Change
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10/28/2022	
ffective date, if other than the date of filing:  (optional) 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 60 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed out on the Department of State's records.	)5.0207 ( sted as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft is filed.	er the
10/28/2022 ated	
Signature of a member or authorized representative of a member	
organicae of a memori of authorized representative of a memori	
Susan D Harris	

Filing Fee: \$25.00