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J. CONVOYS MAR 1 4 2014

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

ABC INSURANCE MGA 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:

TEJINDER DHALIWAL

Name of Person

ABC INSURANCE MGA LLC

Firm/Company

6329 STATE ROAD 54

Address

NEW PORT RICHEY, FL 34653

City/State and Zip Code

dhaliwalg@yahoo.com

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

For further information concerning this matter, please call:

TEJINDER DHALIWAL

₃₁,727、844-5555

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

ABC INSURANCE MGA 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 Liabi	lity Company were filed on 06/27/2013	aná	l assigi	nad
Florida document number L13000092295		and	i assigi	icu
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation	on "L.L	.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
T				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>			
		- 21	.5~	
D If amonding the unitered area and/an		i de la companya de l		' 4h a - a-a
registered agent and/or the new registered office	registered office address on our records, enter e address here:		<u>ကe ပ၊</u> သ	the new
		T),	[>	and the second
Name of New Registered Agent:		<u>ַ וּיִר</u>	<u> </u>	• • •
New Registered Office Address:			.:′ ,=-	· , - '
	Enter Florida street address	Þ	.,	-
	, Florida			
-	City	Zin C	oda	

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

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** MGR A & A CAPITAL INVESTMENTS, LP 6329 STATE ROAD 54, NEW PORT RICHEY, FL 34653 □ Add **■** Remove **TEJINDER DHALIWAL** MGR 6329 STATE ROAD 54, NEW PORT RICHEY, FL 34653 Add 🖬 _□ Remove □ Add ☐ Remove ☐ Remove _ Add □ Remove _ Add □ Remove

D. If	amending any other information, enter change(s) here: (Att	ach additional sheets, if necessary.)	
	,		
(Th	fective date, if other than the date of filing e effective date must be specific, cannot be prior to date of receipt or filed date e date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after	
	MARCH 10TH 2014		
		Tonchival	
	Signature of a member or authorized re TEJINDER DHALIWAL		_
	Typed or printed name	of signee	_
		TALL 181	
		의 기계	
		20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	* 1
	Page 3 of		2

Filing Fee: \$25.00