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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor				
	VERED INS. GROUP, LLC, a	Florida limited liability company		
SUBJECT:	Name of Limi	ited Liability Company	1.00	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Richard Dixon			
		Name of Person		
	Well Covered Ins. Group.	LLC		
		Firm/Company		
1810 S. Volusia Avenue, Suite D				
	•	Address	<u> </u>	
	Orange City, FL 32763			
	1 ()	City/State and Zip Code	-	
	Cichardo Sl E-mail address:	nc(2e(, Com to be used for future annual report notifi	cation)	در در در سن (ب
For further information c	oncerning this matter, please ca	•		里 等
Anthony Pinizzotto		386 846-1489		16 AUG 13 PN 1: 25
Name o	f Person	at () Area Code Daytime	Telephone Number	U) 🦟
Enclosed is a check for the	-	- • • • • • •	5 640 00 FW F	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec. Certificate of Stat Certified Copy (additional copy is en	

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

WELL COVERED INS. GROUP, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 10/22/2013 and assigned
Florida document number L13000148680	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addre	
registered agent and/or the new registered office address here:	છો : <u>*</u> *
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
	, Florida
City	

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>	Type of Action
MGR	JANMES ALLENDER	922 Ponderosa Drive	Add
		South Daytona, FL 32119	■ Remove
			Change
MGR	LYNDSEY ALLENDER	922 Ponderosa Drive	
		South Daytona, FL 32119	■ Remove
			Change
			Add
			Remove
			AddUl
			☐ Remove
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ective date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the D	st be specific and ock does not m	cannot be prior to seet the applicab	date of filing or ole statutory fili	nore than 90 days aft	tional) er filing.) Pursuant to nis date will not be	605.0 listed
record specifies a delaye ne 90th day after the rec	d effective d ord is filed.	ate, but not	an effective	time, at 12:01 	a.m. on the ea	rlier
ed August 11	 ,	2016				
/5/		<u> </u>				
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Filing Fee: \$25.00