L14000038672

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COVER LETTER

TO: Registration Section
Division of Corporations

RECT. ANA Insurance Agency, 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:

Ana T. Ray

Name of Person

ANA Insurance Agency, LLC

Firm/Company

13109 Kings Crossing Dr

Address

Gibsonton, FI 33534

City/State and Zip Code

anatray2013@yahoo.com

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

For further information concerning this matter, please call:

Ana T. Ray

,813,677-8612

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**

ANA Insurace Agency, LLC			
(Name of the Limited Liability (A Florida I	Company as it now apper Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L14000038672</u>	empany were filed on _	March 7, 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company l	iere:	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		1
			2014
		<u>, </u>	
Enter new mailing address, if applicable:		, (
(Mailing address MAY BE A POST OFFICE BOX)		÷.	11 -
B. If amending the registered agent and/or registered agent and/or the new registered office addre		n our records, enter t	he name of the ne
Name of New Registered Agent:	·		
Timber of the Registery of Egypt.			······
New Registered Office Address:	Enter Fl	orida street address	
New Registered Office Address:	Enter Fl	orida street address	

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 **Name** Address Type of Action 13109 Kings Crossing Dr Add **MGR** Robert A Pattinson Remove 13109 Kings Crossing Dr Add Ana T Ray MGR ☐ Remove AMBR Robert A Pattinson 13109 Kings Crossing □ Remove : ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove

,						
(The effective date	must be specific, current is filed by the	the date of filing: annot be prior to date e Florida Department	of receipt or filed da	te and cannot be more	(optional) e than 90 days after	
	<u> </u>	R. ALLE	. 🕤	representative of a m	ember	2014 APR 30

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Filing Fee: \$25.00