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Division of Corp				
SUBJECT: BA	RADRNTO	N INSUR.	ANCE, C	40
	Name of Lin	nited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	RobeRT	J. Wentze	//	
		Name of Person		
		Firm/Company		
	IDAG RAT	LANDX PARK	λe	
	1700 271	Address	~~.	
	GRADEN	Tow, FC. 3d City/State and Zip Code VT2 E // 60 9 M/T to be used for future annual report north	7203	
	dobbiewood	UT 28 11 (a) a m +	el com	
	E-mail address: (to be used for future annual eport notifi	cation)	
For further information con	cerning this matter, please ea	ıli:		
Diegat "	T MANTOC	11 011 428-	0511	
Name of P	crson	11 at (941) 148-	Telephone Number	
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	ee. FL 32314	2661 Executive Cen Tallahassee, FL 323		
	•	ranassec, PL 323	UI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRADENTON INSURANCE, UC

(A Florida La	mited Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Con Florida document number <u>L14 0000 9 456</u>	npany were filed on <u>6</u> .8	6-10-2014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited $WeNTZ$ PRo The new name must be distinguishable and contain the words "Limited"			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:	C. C.	ida street address	
	raner vior		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered ageis being filed to merely reflect a change in the registered company has been notified in writing of this change.	pplete performance of nt as provided for in C office address, I hereh	my duties, and I am fairithis with and hapter 605, F.S. Or, if this document is	
•	ri Cuanging Kegisteren Ag	Sim pagnamore of them Newstered Armi	

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
			Add
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	Signature	of a member or authorize	d representative of a member	- E

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