

9/1/22, 7:54 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L14000156792

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SECRETARY OF STATE
TALLAHASSEE, FL

69

To:
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 Account Number : I200000000121
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bpalmer@ralaw.com

3:45 PM 1 SEP 2022

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CHARLOTTE INSURANCE AGENCY, LLC

Certificate of Status	0
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C. BRUMBLEY
SEP - 6 2022

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHARLOTTE INSURANCE AGENCY, 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 Liability Company were filed on 10/07/2014 and assigned Florida document number L14000156792.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOLD CHARLOTTE INSURANCE AGENCY LLC

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)

3401 Tamiami Trail N
Suite 210
Naples, FL 34103

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3401 Tamiami Trail N
Suite 210
Naples, FL 34103

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____ , 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

DocuSign Envelope ID: 7EC61A1A-7894-438F-9818-1CF5C7DAA1D9

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If attending 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>	<u>Type of Action</u>
MGR	HUBER, PAUL	3401 Tamiami Trail N Suite 210	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of (b) The 90th day after the record is filed

Dated September 1

2022

Paul Huber

Signature of a member or authorized representative of a member

Paul Huber, Manager

Typed or printed name of signer

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Filing Fee: \$25.00