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Name Change

COVER LETTER

TO: Registration So Division of Cor				
128 183 882 6282	urance Company, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Larry Adkins			
		Name of Person		
	Ample Insurance			
		Firm/Company		
	301 S. TU	·	1-11	
		Address		
	DAKLAND	FLORIDA 3476	,0 - 19 V	; C 4
		City/State and Zip Code	19 HAR 13	
	E-mail address: (to be used for future annual report notific	ration) $\overline{\omega}$	٠,
For further information of	concerning this matter, please c	all:	P :-	ر. د.
Roy Levine, attorney f	or Ample Insurance	407 252-4433	2: 50	の対外できょう
Name (of Person	Area Code Daytime	Telephone Number	3
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tailditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
27.11	INC ADABLES.	ernetteg vallnir	e annuces.	

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

Ample Insurance Company, 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 February 18, 2015 ___ and assigned Florida document number $\frac{L15000030138}{L15000030138}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ample Insurance, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 2.1 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 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: Emer Florida sireet address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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reffective date <u>te:</u> If the date	is fisted, the date must be specified in this block decired after on the Departi	pecific and cannot be proper oes not meet the app	licable statutory filin		ling.) Pursuant to 605.020
	cifies a delayed efformations and a delayed efformations and the record in the contract of the		not an effective t	ime, at 12:01 a.	m, on the earlier o
March 8,	2019				
···	202	·	illiorized representative		

Typed or printed name of signee