L150000402876

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

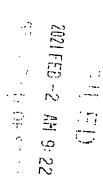
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC		of the Palm Beaches		
SOBJEC	I:	Name of Lir	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	r to the following:	
		Amanda Schumacher		
		**************************************	Name of Person	
		Schumacher Insurance Gr	oup, LLC	
			Firm/Company	
		4047 Okeechobee Boulev	ard, Suite 201	
		-	Address	·
		West Palm Beach, FL 334	109	
		·	City/State and Zip Code	
		amanda@schumacherauto.		
			to be used for future annual report no	otification)
For further	r information c	oncerning this matter, please c	ali:	
Luciana T	allas		561 251-9036	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fce	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Iailing Address		Street Address:	
	egistration S ivision of C		Registration Se Division of Co	
	O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Insurance of the Palm Beaches			
(Name of the Lin	<u>sited Liability Com</u> (A Florida Limite	pany as it now appears on our record; d Liability Company)	<u>r)</u>
he Articles of Organization for this Limited lorida document number L150000402876	Liability Compar	ny were filed on 03/25/2015	and assigned
nis amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited lis	ability company here:	
chumacher Insurance Group LLC			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFIC</u> E	Z BOV	N/A	
Tuming united MAT DE ATOST OFFICE	<u>; DUA)</u>		202
. If amending the registered agent and/or gent and/or the new registered office addre	registered office	e address on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:			22
		Enter Florida street address	
		. Flor	rida
		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 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>	Name	Address	Type of Action
		<u> </u>	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change

N/A	
	
	,,
an effective ote: If the	ate, if other than the date of filing: 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 605.020° date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ecord specis filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited <u>X</u>	January, 27, 2021.
X.	Signature of a member of authorized representative of a member
	AMANDA SCHUMACHER Typed or printed name of signee
V	Thirty out Ocho Min Ugel

Filing Fee: \$25.00