LISCOOS	362
(Requestor's Name) (Address) (Address)	500328151155
(City/State/Zip/Phone #)	
Certified Copies Certificates of Status	19 MAY 13 14 1- 20
Office Use Only	

D SCOTT MAY 1 4 2019

. Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.Incserv.com e-mail: accounting@incserv.com

2013 HAY 10 A D 55

Florida Department of State Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE	5/13/2019	PRIORITY	Routine	

ORDER FORM

FROM

OUR REF # (Order ID#) 742011

ORDER ENTITY

TO

VANBRIDGE INSURANCE SERVICES, LLC

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached amendment

Short Form Good Standing Certificate

NOTES:

\$30.00 Authorized

Email address for annual report reminders: ahegner@carltonfields.com/

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

VANBRIDGE INSURANCE SERVICES, LLC	_,		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		200 200 200	
The Articles of Organization for this Limited Liability Company were filed on03/30/2015		and assigned	و د محمد الم
Florida document number <u>L15000056302</u> .	 	$\overline{\boldsymbol{\omega}}$	*
This amendment is submitted to amend the following:		> ®	U U
A. If amending name, enter the new name of the limited liability company here:	-	ີ ເກ ທາ	
VBR INSURANCE SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or th	e abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	<u>er me</u>	name oi in	<u>e new</u>
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street 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

, Florida

Zip Code

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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) <u>Note:</u> 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 earlier of: (b) The 90th day after the record is filed.

Dated	May 13, 2019
	Alex Hanz
Signature of a member or authorized representative of a member Alexander Hegner, Organizer Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00