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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 : (917)243-5843 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE	C/CORRECT OR	M/MG	RESIGN
CLEARFIELD IN	SURANCE AGI	ENCY L	LC .

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clearfield Insurance Agency LLC	ity Company as it now appears on our records.)		_	
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability (Company were filed on 07/09/2015	_ and	d assigne	d
Florida document number 1.15000115162	- , ,			
	 :			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
Clearfield Insurance LLC				
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviatio	n "["]"C."	<u> </u>
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
		•		
Enter new mailing address, if applicable:				
since new manning address, it apprication.				
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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
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			DRemove
			🗆 ^ dd
			□Remove
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			□Add
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Signature of a member or authorized representative of a member	February 11	2021	
Christopher Pollzzie		signature of a member or authorized representative of	a member
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Fiting Fee: \$25.00