

UB000173032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

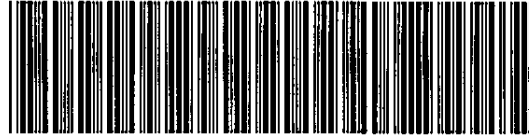
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 27 2015  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **M & H INSURANCE PARTNERS LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JASMINE RODRIGUEZ**

Name of Person

**BEST QUICK TAX RETURNS**

Firm/Company

**320 S BUMBY AVE STE 10**

Address

**ORLANDO FL 32803**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JASMINE RODRIGUEZ** at **407 896-7921**  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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**

**M & H INSURANCE PARTNERS 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 10/12/2015 and assigned  
Florida document number L15000173582.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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:

HARRIET NOEL

New Registered Office Address:

2225 CAPEVIEW ST

Enter Florida street address

MERRITT ISLAND

City

Florida 32952

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.*

X Harriet Noel  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|-----------------|--------------------------|--|
| MGRM         | HARRIET V DENNY | 2225 CAPEVIEW ST         | <input type="checkbox"/> Add               |
|              |                 | MERRITT ISLAND, FL 32952 | <input checked="" type="checkbox"/> Remove |
| MGRM         | HARRIET V NOEL  | 2225 CAPEVIEW ST         | <input checked="" type="checkbox"/> Add    |
|              |                 | MERRITT ISLAND, FL 32952 | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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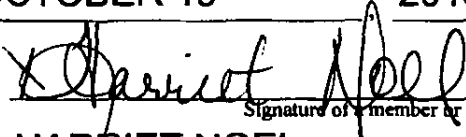
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 19 2015



Signature of member or authorized representative of a member

HARRIET NOEL

Typed or printed name of signee

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19 OCT 26 PM 5:04  
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