

LI6000020292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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17 AUG 21 PM 12:23  
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S. WARREN

AUG 22 2017

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

Key Alliance Insurance Brokerage 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 1/28/2016 and assigned  
Florida document number L16000020292

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 contain 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)**

1100 SW Saint Lucie West Blvd

Suite 103

Port St Lucie, FL 34986

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1100 SW Saint Lucie West Blvd

Suite 103

Port St Lucie, FL 34986

**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:

Robert M Palermo

New Registered Office Address:

1100 SW Saint Lucie West Blvd, Ste 103

*Enter Florida street address*

Port St Lucie

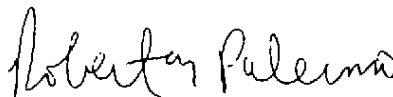
Florida

*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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert M Palermo	1100 SW Saint Lucie West Blvd	<input type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Port St Lucie, FL 34986	<input checked="" type="checkbox"/> Change
MGR	Bradley Sperling	1100 SW Saint Lucie West Blvd	<input type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Port St Lucie, FL 34986	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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)

**Note:** 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 \_\_\_\_\_, \_\_\_\_\_

Robert Palmero  
Signature of a member

Signature of a member or authorized representative of a member

Robert M Palermo

Typed or printed name of signee

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