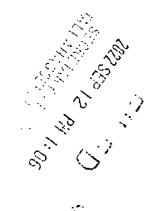


Office Use Only







COVER LETTER

Registration Section
Division of Corporations

TO:

PTI Agency SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nicholas Ferlanti			
		Name of Person		
	Topline Insurance Agency	, LLC		
		Firm/Company		
	905 SW 14th Avenue, Ste.	200		
	·	Address	······································	
	Delray Beach, FL 33444			
	.	City/State and Zip Code		
	nickf@toplineinsurance.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Brett Frankel		561 417-1198 at ()		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres		Street Address:	vetion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

irds.)

PTI Agency, 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 February 9, 2016 and assigned Florida document number _L16000026943 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Topline Insurance Agency, LLC 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) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>	Address	Type of Action
			□ Add
			Remove
			□Change
			□ Add
			□ Remove
		 	Change
	 -		
			□ Remove
			□Change
		· 	□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
	 		□Add
			□Remove
			□ Change

	
	
-	
n effective date is li te: If the date in	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as e date on the Department of State's records.
ecord specifies a c s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	September 6 2022
	Signature of a member or authorized representative of a member
\$ 27 \$. A	
Nichola	Typed or printed name of signee

E''' E 035.00