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| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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D. SCOTT JUN 2 9 2017

COVER LETTER

| . Division of Corp | porations | | | |
|-----------------------------|--|---|--|---|
| ROISS INS | URANCE AGENCY, PLLC | | | |
| | Name of Limi | ted Liability Company | | |
| | | | | |
| The enclosed Articles of A | Amendment and fee(s) are subm | nitted for filing. | | |
| Please return all correspor | ndence concerning this matter t | o the following: | | |
| | Abraham Roiss | | | |
| | | Name of Person | | |
| | ROISS INSURANCE AGE | ENCY, PLLC | | |
| | | Firm/Company | | |
| | 555 Winderley Place, Suite | 300 | | |
| | | Address | | |
| | Maitland, Florida 32751 | | | |
| | | City/State and Zip Code | | 2 🗂 |
| | a.roiss@roissinsurance.com | | | 60 4 1 |
| | | o be used for future annual report notifica | lion) | |
| For further information co | oncerning this matter, please ca | И: | T. C. | 認る世 |
| Abraham Roiss | | 407 562-1856 | ŗ | |
| Name of | Person | at () | elephone Number | FILED MIZ: 20 JUNI 26 PMIZ: 20 GRETIANE PRESIDENT |
| Enclosed is a check for the | e 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 enclo | |

TO:

Registration Section

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

| ROISS INSURANCE AGENCY, | | | |
|---|--|---|-----------------------------|
| (Name of the Lim | ited Linbility Company as it n (A Florida Limited Liability C | ow appears on our records.) Company) | |
| The Articles of Organization for this Limited I | Liability Company were fil | ed on <u>03/02/2016</u> | and assigned |
| Florida document number L16000043415 | · | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability con | npany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Comp | any," the designation "LLC" of | r the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE | | | 17 JUN 26 |
| B. If amending the registered agent and registered agent and/or the new registered of | or registered office add ffice address here: | dress on our records, g | enter the name of the n |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 555 Winderley Place, Su | uite 300 Enter Florida street address | |
| | | unier i torida street address | 2224 |
| | Maitland | , Flori | |
| | 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|----------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Signature of a member or authorized representative of a member | Signature of a member or authorized representative of a member | |
| | | |
| Abraham Roiss Typed or printed name of signee | diam Roiss / / | |

Page 3 of 3

Filing Fee: \$25.00