LI6000127436

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(Document Number)	
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COVER LETTER

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TO: Registration Section Division of Corporations

KL Insurance Group LLC

SUBJECT: ____

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:

Adam L. Tucker

Name of Person

Intrepid Law PLLC

Firm/Company

10752 Deerwood Park Blvd. Suite 100

Address

Jacksonville, FL 32256

City/State and Zip Code

adam@intrepidlaw.com

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

For further information concerning this matter, please call:

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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KL Insurance Group LLC)
(<u>Name of the Limite</u>	d Liability Compa A Florida Limited I	ny as <u>it now appears on our records.</u>) Liability Company)	197
The Articles of Organization for this Limited Lia Florida document number <u>L16000127436</u> This amendment is submitted to amend the follo A. If amending name, <u>enter the new name of</u>	wing:		and assigned
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity 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)		1201 Monument Road Suite 302	
		Jacksonville, Florida 32225	
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records. <u>enter the</u>	<u>e name of the new registered</u>
Name of New Registered Agent:	Intrepid Law PLLC		
New Registered Office Address:	10752 Deerwoo	od Park Blvd. Suite 100	
		Enter Florida street address	

Jacksonville	, 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>	Name	Address	Type of Action
			🖸 Add
			🖸 Remove
			Change
			🖸 Add
		🖾 Remove	
		DChange	
		⑦Add	
	·	🗆 Remove	
		🗆 Change	
		<u> </u>	🗆 Add
			Change
		⊡Add	
		🗌 Remove	
		T Change	
		⊒Add	

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

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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	. 2020
Frod	E) Signature of a member or authorized representative of a member

Yekaterina Little