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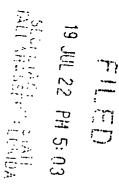
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## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	DENNY CARRION		
		Name of Person	
	THE TAX CHOICE & FI	NANCIAL SERVICES LLC	
		Firm/Company	
	1495 FOREST HILL BLV	D STE B	
		Address	
	LAKE CLARKE SHORES	S, FL. 33406	
	DENNY@THETAXCHOR	City/State and Zip Code CEFL.COM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ea	all:	
DENNY CARRION		561 7073708	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	E S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

TURCOTTE INSURANCE 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  $\frac{08/03/2016}{}$ and assigned Florida document number 1.16000144933 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Alorida strebt address

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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.

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

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARTHA N. TURCOTTE	5901 CAMINO DEL SOL APT 302, BOCA RATON, FL. 33433	Add
			■ Remove
			Change
MGR	MARTHA N. ZACAPA	5901 CAMINO DEL SOL APT 302, BOCA RATON, FL. 33433	
			□ Remove
			Change
			□ Remove
		Change Change	
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the document of the date of	e must be specific a is block does not	nd cannot be prior t meet the applic	able statutory fil	more than 90 days	optional) after filing.) Pu , this date wil	rsuant to I not be	o 605,020 Histed a
ne record specifies a dela The 90th day after the			ot an effective	e time, at 12:0	)1 a.m. on	the e	arlier (
Dated JULY 16	<del></del>	2019	·				
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Filing Fee: \$25.00