

216000154635

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TALLAHASSEE, FLORIDA

K. SALLY  
OCT - 4 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Orange State Insurance Group LLC  
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:

Hema DeAgrella  
Name of Person  
Orange State Insurance Group LLC  
Firm/Company  
516 S. Dillard Street #4  
Address  
Winter Garden FL 34787  
City/State and Zip Code  
hema.pringle@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hema DeAgrella at 407 923-4322  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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

FILED  
18 SEP 28 AM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Orange State Insurance Group 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 8/17/2016 and assigned  
Florida document number L16000154635.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A  
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:

N/A  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A  
(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:**

N/A  
Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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.*

N/A  
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>  |
|----------------------|--------------------|--|--|
| Sales Manager<br>MGR | Nieves, Andrew     | P.O. Box 691<br>Goth FL 34734                  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|                      |                    |  | <input type="checkbox"/> Change  |
| AMBR                 | Pringle, Eugene S. | 516 S. Dillard St #4<br>Winter Garden FL 34787 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|                      |                    |  | <input type="checkbox"/> Change  |
|                      |                    |  | <input type="checkbox"/> Add   |
|                      |                    |  | <input type="checkbox"/> Remove  |
|                      |                    |  | <input type="checkbox"/> Change  |
|                      |                    |  | <input type="checkbox"/> Add   |
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|                      |                    |  | <input type="checkbox"/> Remove  |
|                      |                    |  | <input type="checkbox"/> Change  |

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VALMONT, FL 34787

18  
STATIONER  
MILWAUKEE, WISCONSIN

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18 SEP 28 AM 6:33  
CLARK COUNTY, FLORIDA  
TALLAHASSEE, FLORIDA

**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.

(b) The 90th day after the record is filed.

Dated September 24, 2018

Home Depot  
Signature of a member or authorized representative of a member

Herna DeAzolla