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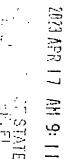
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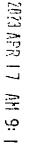
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COVER LETTER

	tion Section of Corporations			
	D Insurance LLC			
30bJEC.1	Name of Limited Liability Company			
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.			
Please return all c	orrespondence concerning this matter to the following:			
	David Walls			
	Name of Person			
	D&D Insurance LLC			
	Firm/Company			
	675 E Irene Ln			
	Address	·	123	
	Citrus Springs, Fla. 34434		ICZ3 APR	2
	City/State and Zip Code	•	πŏ —	4 4 44
	David.Walls@DewInsurance.com			. ,,
For further inforn	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:		AH 9: 1	1 2 3
David Walls	352 217-1000 at ()	in in		
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a chec	k for the following amount:			
■ \$25.00 Filing	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	te of Stati		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&D Insurance LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our r limited Library Company)	ecords.)
This amendment is submitted to amend the following:		
(Name of the Limited Liability Company as it now appears on our records.) (A Florada Limited Liability Company) and assigned orida document number [L16000221931] its amendment is submitted to amend the following: 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 "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered.		
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation	"I.I C" or the abbreviation "L.I .C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
		: 29
Enter new mailing address, if applicable:		~
(Mailing address MAY BE A POST OFFICE BOX)		
		(Jan. 2)
		1 1 1 1 1 1 1 1 -
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	adaress
		Florida
	Cuy	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	<u>Address</u>	Type of Action
AMBR	Megan Walls	675 E Irene Lu	≡ Add
		Citrus Springs, Fla. 34434	TRemove
			☐Add
			□Remove
			□Change
			A A A A A A A A A A A A A A A A A A A
			Ellonge Signature Signatur
			ПRеточе
			IChange
			□Add
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			T!Change
			J.Add
			□Remove
]Change

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		:
Tective date, it other than the	e date of filing: st be specific and cannot be prior to date of filing or more the	(optional)
in effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot be prior to date of filing or more th lock does not must the applicable Statutory filing req	um 90 days after filing) Pursuant to 605.0207 uirements, this date will not be listed as
ocument's effective date on the E		
record specifies a delayed effecti- is filed.	ve date, but not an effective time, at 12:01 a m, on th	e earlier of: (b) The 90th day after the
		~3
April, 14 ned	2023	7020 APR
	10 11	Now and the state of the state
De	Signature of a member or authorized representative of a	
	. Signature of a fix most of authorizer representative of a	
David Walls		
	Typed or printed name of signer	