## 7000140458

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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\$3.50 St. 61665 \$10 \*\*25.00

2022 AUS -8 AM III: 32 TALLAHASULE, FLORIDA

RECENTED

8/8/2023

## **COVER LETTER**

| Division of Corp            | orations                        | •   |  |
|-----------------------------|---------------------------------|---|--|
| SUBJECT: ASSUT              | ana Consulti                    | ng & Partnet  | -s LLC   |
| SUBJECT: Trader             | Name of Limit                   | ed Hability Company   | <u> </u>   |
|                             |                                 |   |  |
|                             |                                 |   |  |
| The enclosed Articles of A  | mendment and fee(s) are subn    | uitted for filing.  |  |
| Please return all correspon | dence concerning this matter to | o the following:  |  |
|                             | Anthony (                       | OPOTA SO Name of Person   |  |
|                             |                                 | Name of Person  |  |
|                             |                                 |   |  |
|                             |                                 |   |  |
|                             |                                 | Firm/Company  |  |
|                             | 2625 Charle                     | LAC Street  |  |
|                             | Punta Gord                      | a, FL 33  | 950  |
|                             |                                 | ciates @ gmaile   | ^ 11 m/\   |
|                             | aca pono a 5500                 | o be used for future annual report  | - ottombon)  |
|                             | E-mail address: (to             | o be used for future annual report  | notification)  |
| For further information co  | ncerning this matter, please ca | II:   |  |
| Anthony Co                  | poraso                          | at ( <u>941</u> )3  | 63 - 1153  |
| Name of                     | Person                          | Area Code Day   | rame Telephone Number  |
| Enclosed is a check for the | e following amount:             |   |  |
| 25,00 Filing Fee            | (Certificate of Status          | ☐ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                             |                                 |   |  |

TO:

Registration Section

Mailing Address: 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

| Assurance Consulting and (Name of the Limited Liability Compar (A Florida Limited L.                                 |  |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number $\underline{L17000040458}$ . | were filed on 52 21 2017 and assigned                        |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |
|  |  |
| The new name must be distinguishable and contain the words "Eimited Liabili  |  |
| Enter new principal offices address, if applicable:  | 2625 Charlene Street   |
| (Principal office address MUST BE A STREET ADDRESS)  | Punta Gorda, FL 33950  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                              | 2625 Charlene Street Punta Gorda, FL 33950                   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | iddress on our records, enter the name of the new registered |
| Name of New Registered Agent:  | hony Caporaso  |
| New Registered Office Address: 2625  | Charleno Street  Enter Florida street address                |
| •  | Sor da 33950   |

## 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.

City

If Changing Registored 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 |
|--------------|-------------------|---|----------------|
| MER          | Acap & Associates | 30337 Beech Rd<br>Punta Gordo, FL 33982 | C.Add          |
|              |                   |   | Remove         |
|              |                   |   | □Change        |
|              |                   |   | □Add           |
|              |                   |   | ⊡Remove        |
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|              |                   |   | ⊡Remove        |
|              |                   |   | □ Change       |

| Effective date, if other than the date of filing:  (an effective date is based, the date must be specific and cannot be prior to date of filing or more than 90 days after filing it Pursuant to 605.020 More: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the variet of (ii). The 90th day after the date of the day of the day after the day of the day |                  |                   |                     |            |                 | /  |                              |  |   |
|--|------------------|-------------------|---------------------|------------|-----------------|--|------------------------------|--|---|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 right of the filed.  Dated   |                  |                   | <del></del>         |            |                 |  |                              |  |   |
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| Dated Aug 8 2022  Aug 8  | <u>kote:</u> Iti | the date inscrted | i in this block doe | es not med | et the applicat | o date of filing or<br>ble statutory fil | more than 90 daing requireme | _(optional)<br>nys after filing.) P<br>nts, this date wi | ursuant to 605,020<br>Il not be listed as |
|  | d is filed       | •                 |                     |            |                 |  | n on the earlic              | r of (b) The (   | Oth day after the                         |
|  | Dated            | Aug               | E                   |            | 2022            | - <i>f</i> <sup>1</sup>                  |                              |  |   |
| Signature of a member or authorized representative of a member   |                  |                   |                     |            | AL              | 1  |                              |  |   |
|  |                  |                   |                     | _          |                 |  |                              |  |   |