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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:		ness Listing, LEC			
SUBJECT.		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub			
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Jakenson Deliverance			
			Name of Person		
		Nexus Business Listing			
	Firm/Company				
	2201 NE 2nd Ave Ste A				
	Address Delray Beach FL 33444				
			City/State and Zip Code		
		info@nexusbusinesslisting. E-mail address: (to be used for future annual report notification)		. 7
For further i	information c	oncerning this matter, please c	all:	;	
Jakenson D	eliverance		561 855-1938		سه مینو
	Name o	f Person	at () Area Code Daytime Telephe	one Number	
					. G
Enclosed is	a check for th	ne following amount:			
\$25.001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60,00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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

Nexus Insurance Group, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab	ility Company were filed on 63/03/2017	and assigned
orida document number L17000050481		
us amendment is submitted to amend the follow	ing:	
. If amending name, enter the new name of th	ne limited liability company here:	
e new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BO</u> If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, ente	r the name of the
		T. G.T.
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	Zip,Code D
-	, Florida _	Zin Code (5)
	- *****	

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>	<u>Name</u>	Address	Type of Action
MGR	Harvey Brooks	607 W 25th Street	
		West Palm Beach FL 33407	■ Remove
			□ Change
			□ Add
			□ Remove
		<u></u> .	□ Change
			□ Add
			□ Remove
			☐ Change
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			Add =
			☐ Remove3
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fective date, if other than the one effective date is listed, the date must	date of filing:		(optior	ıal)	
n effective date is listed, the date must te: If the date inserted in this blo cument's effective date on the De	ock does not meet the appl	icable statutory filing	ore than 90 days after fig requirements, this c	ling.) Pursua late will not	nt to 605,020 t be listed a
record specifies a delayed The 90th day after the reco		ot an effective ti	me, at 12:01 a.	m. on the	e earlier (
\$/21	2017			<u>:</u> :	
ted 8/21		·		•	-)
- Jr. 1	1.00	-		. •	<u> </u>
	Signature of a member or aut	horized representative	of a member		- ;
				-	. •

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