

7/19/22, 1:49 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.  
Account Number : I20000000087  
Phone : (561)394-7910  
Fax Number : (561)393-6541

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: bpman7@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
APPLE PROPERTY AND CASUALTY INSURANCE COMPANY LLC**

Certificate of Status	1
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Page Count	03
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2022 JUL 19 PM 3:52

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2022 JUL 19 PM 7:12  
STATE  
FALLS CHURCH, FLORIDA

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

APPLE PROPERTY AND CASUALTY INSURANCE COMPANY 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 08/11/2017 and assigned  
 Florida document number L17000172230

This amendment is submitted to amend the following:

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

PORTER & ASSOCIATES INSURANCE COMPANY LLC

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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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**

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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>
Mgr/Pres	RICHARD B. JULIAK	299 NE 6TH STREET	<input type="checkbox"/> Add
		BOCA RATON, FL 33432mgr	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr/Pres	BRETT PORTER	7077 NW 84TH AVENUE	<input type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input checked="" 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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