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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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R. METE JUL 21 III

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

	*	*WALK IN*
ENTITY NAME GUI	DED INSURANCE SOLUTIONS, LLC	
DOCUMENT NUMB	ER	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	E 9
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	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	5
	Certified Copy of Arts & Amendments	
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)	ر ت
	Certificate of Status	
	Certificate of Status Reflecting:	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTI	NATION	
NUMBER OF CERTIF	ICATES REQUESTED	
TOTAL OWED \$ 25	ACCOUNT # 120160000072 4: 0	

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

2020 2011 15 7/111:11

GUIDED INSURANCE SOLUTIONS, LLC

(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	<u></u> ,
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000076169}{L18000076169}$.	were filed on 03/27/2018	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 "Limited Liabil	ity 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida street addres.	s
	, Flo	oridaZip Code

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
P	Trevor Baldwin	4211 W. Boy Scout Blvd	□Add
		Suite 800	■Remove
		TAMPA, FL 33607	□Change
CEO	Trevor Baldwin	4211 W. Boy Scout Blvd	_
		Suite 800	
		TAMPA, FL 33607	
Pres.	Joseph Finney	4211 W. Boy Scout Blvd	_
		Suite 800	_
		TAMPA, FL 33607	_
VP	Jennifer Hightower	4211 W. Boy Scout Blvd	
		Suite 800	
		TAMPA, FL 33607	□Remove
			Change
VP	Christopher Black	4211 W. Boy Scout Blvd	= Add
		Suite 800	□Remove
		TAMPA, FL 33607	□Change
VP	Robert Wentzell	4211 W. Boy Scout Blvd	
		Suite 800	□Remove
		TAMPA, FL 33607	
			□Change

fective date, if other than the date of filing: or effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 merger if the date inserted in this block does not ment the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. second 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 is filed. Signature of a member or authorized representative of a member.					
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Filing Fee: \$25.00