## 118000090858

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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APR 20 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GOW Insurance Group, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jill Houck Name of Person
Firm/Company
18301 Roseate Drive
Lutz, FL 33558 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Till Houck at (B13) 838-0733  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$(additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI 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

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000090858</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited in  GOW Insurance Group  The new name must be distinguishable and contain the words "Limited Li  * the company name is staying the same jus  Enter new principal offices address, if applicable:	LLC	tion "L.L.C." L COmma and LLC
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ACC AE	2018 APR
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	1 office address on our records, enter the here:	name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Ziq	p Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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	Address	Type of Action
MGR	Jill M Houck	18301 Roseate Dr.	<u></u> ☑ Add
		Lutz, FL 33558	□ Remove
		☐ Change	
		□ Add	
	<del></del>	□ Remove	
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e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	t 12:01 a.m. on the earlier o
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ated <u>Upril 16</u> , 2018.	
ated Upfil 16 . 2018.  I make the state of a member or authorized representative of a member of a memb	nber

Page 3 of 3

Filing Fee: \$25.00