

L18000099015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

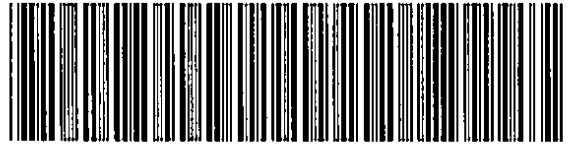
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300350496153

U = 1.25 - 0.001 - 0.25 = 0.999

2020 Aug 17 Fri 7:20

C

OCT 02 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trusted Insurance Brokers 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:

Chris Euart

\_\_\_\_\_  
Name of Person

Trusted Insurance Brokers LLC

\_\_\_\_\_  
Firm/Company

PO Box 210663

\_\_\_\_\_  
Address

Royal Palm Beach, FL 33421

\_\_\_\_\_  
City/State and Zip Code

info@tibll.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Euart

772

900-5842

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

2020 AUG 17 PM 7:21

Trusted Insurance Brokers 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 04/19/2018 and assigned  
Florida document number 118000099015.

This amendment is submitted to amend the following:

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

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:**

130 South Indian River Dr, Suite 202

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Pierce, FL 34950

**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*

*City*

*Florida*

*Zip 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

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

2020 AUG 17 PM 7:21

| <u>Title</u> | <u>Name</u>       | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|-------------------|----------------------------|--|
| MGR          | Christopher Euart | PO Box 210663              | <input checked="" type="checkbox"/> Add    |
|              |                   | Royal Palm Beach, FL 33421 | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
| MGR          | Jennifer Euart    | PO Box 210663              | <input type="checkbox"/> Add               |
|              |                   | Royal Palm Beach, FL 33421 | <input checked="" type="checkbox"/> Remove |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 AUG 17 PM 7:21

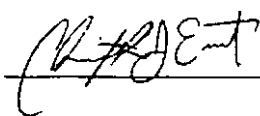
E. Effective date, if other than the date of filing: 08/12/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

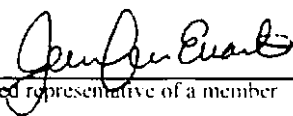
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 12, 2020



Signature of a member or authorized representative of a member

Christopher Euart



Jennifer Euart

Typed or printed name of signee

Filing Fee: \$25.00