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## **COVER LETTER**

Division of	Corporations	·		
	PLEUS INSURANCE LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Renee Whalen			
		Name of Person		
	Allstate/Cato Pleus Insurar	nce		
		Firm/Company	<del></del>	2021
	1776 N Pine Island Rd, Ste	: 104		2021 AUG 10
		Address		10
	Plantation, FL 33322		で の 円 円	10 Pii
	rpleus@allstate.com	City/State and Zip Code		) PH 3: 27
	E-mail address: (	to be used for future annual report notif	fication)	
For further information	on concerning this matter, please e.	all:		
Rence Whalen		954 240-1981		
Na	me of Person	at () Area Code Daytim	e Telephone Number	-
Enclosed is a check t	or the following amount:			
■ \$25.00 Filing Fe		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy radditional copy is c	atus &
Mailing Ad	<u>dress:</u> on Section	<u>Street Address:</u> Registration Se	etion	
Division of	of Corporations	Division of Cor	porations	
P O Roy	6327	The Centre of T	fallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATO PLEUS INSURANCE LLC	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Ciability Company)
The Articles of Organization for this Limited Liability Colorida document number L18000101760	Company were filed on 04/23/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
CATO WHALEN INSURANCE, LLC	
he new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RFSS)
anagaropice unutess most de a street anne	202
	AUG T
	`>- C
Enter new mailing address, if applicable:	5,
Mailing address MAY BE A POST OFFICE BOX)	
	715. 2
	d office address on our records, <u>enter the name of the new regist</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	Rence Whalen
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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.

Ferrie Whyalan
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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			202 Change
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Name change from Rence		<u> </u>	<u> </u>	<u> </u>
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			777	27
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fective date, if other than the n effective date is listed, the date mu- ote: If the date inserted in this bl cument's effective date on the D	t be specific and cannot be prior ock does not meet the applic	cable statutory filing re	(optional) than 90 days after filing, equirements, this date	) Pursuant to 605.020 will not be listed as
ecord specifies a delayed effectivis filed.	e date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
ted August 9	. 2021	·		
40	<b>LLN</b> Signature of a member or auth			

Filing Fee: \$25.00