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SECRETARY OF STATES OF STATES OF CORPORATION

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## **COVER LETTER**

TO: Registration Se Division of Cor		·		
	UARNCE ADVISORS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael P Wolfman MBI	₹		
		Name of Person	<del>. , ,</del>	
	P & W INSURANCE AD	VISORS LLC		
		Firm/Company		
	2424 N Federal Highway #	<del>1</del> 204		
		Address		
	Boynton Beach Florida 33-	435		
		City/State and Zip Code	····	
	mwolfman@comcast.net			
		to be used for future annual report no	otification)	
For further information of	concerning this matter, please co	all:		
Harold M Paris MBR		561 541 6507at ()		
Name (	of Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for t	he 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)	
Regist Divisi P.O. B	ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P & W INSURANCE ADVISORS LLC		
(Name of the Limited Liah (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L/8000/21/83</u>	Company were filed on May 14 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>3</b> × S
(Principal office address MUST BE A STREET ADI	DRESS)	AUG CRE
		<u> </u>
Enter new mailing address, if applicable:		ORPORALIS
(Mailing address MAY BE A POST OFFICE BOX)		2 Tie
B. If amending the registered agent and/or represent and/or the new registered office action and the new registered office action.  Name of New Registered Agent:		er the name of the ne
Name of New Registered Agent.		
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.

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
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he record speci The 90th day	fies a delayed efi after the record	fective date, but is filed.	not an effecti	ve time, at 12:0	)1 a.m. on the	earlier:
Dated	Hair	f Cin				

Page 3 of 3

Filing Fee: \$25.00