

8/10/22, 9:42 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L18000125090

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000269955 3)))



H220002699553ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LINN WEALTH MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 AUG 10 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG 10 AM 10:19

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H22000269955

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINN WEALTH MANAGEMENT, 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 05/18/2018 and assigned
Florida document number L18000125090

This amendment is submitted to amend the following:

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

Linn Wealth Insurance Management, LLC

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: _____

(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 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

Florida

City

2022 AUG 10 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

H22000269955

H22000269955

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

H22000269955

H22000269955

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

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Glossary
 10. Summary
 11. Abstract
 12. Keywords
 13. Subject
 14. Topic
 15. Field
 16. Area
 17. Discipline
 18. Branch
 19. Department
 20. Division
 21. Section
 22. Unit
 23. Group
 24. Team
 25. Committee
 26. Board
 27. Association
 28. Organization
 29. Institution
 30. Agency
 31. Authority
 32. Power
 33. Control
 34. Management
 35. Administration
 36. Operation
 37. Process
 38. System
 39. Structure
 40. Framework
 41. Model
 42. Theory
 43. Concept
 44. Idea
 45. Thought
 46. Belief
 47. Opinion
 48. View
 49. Point
 50. Position
 51. Stand
 52. Stance
 53. Attitude
 54. Manner
 55. Style
 56. Form
 57. Shape
 58. Figure
 59. Image
 60. Picture
 61. Scene
 62. View
 63. Look
 64. Gaze
 65. Stare
 66. Glance
 67. Peek
 68. Stare
 69. Glance
 70. Peek
 71. Stare
 72. Glance
 73. Peek
 74. Stare
 75. Glance
 76. Peek
 77. Stare
 78. Glance
 79. Peek
 80. Stare
 81. Glance
 82. Peek
 83. Stare
 84. Glance
 85. Peek
 86. Stare
 87. Glance
 88. Peek
 89. Stare
 90. Glance
 91. Peek
 92. Stare
 93. Glance
 94. Peek
 95. Stare
 96. Glance
 97. Peek
 98. Stare
 99. Glance
 100. Peek

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (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 5th, 2022

Signature of a member or authorized representative of a member:

Jordan A Linn

Typed or printed name of signee

Filing Fee: \$25.00

H22000269955