## LZ 8000 135185

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T. CLINE
AUG - 6 2018

**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Collins Fa SUBJECT:	mily Insurance, LLC	
SUBJECT.	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	indence concerning this matter to the following:	
	Ryan Collins	
	Name of Person	
	Collins Family Insurance, LLC	
	Firm/Company	
	459 Stonemont Dr	
	Address	<del></del>
	Weston, FL 33326	• <u>=</u>
	City/State and Zip Code	
	ryancollins34@gmail.com  E-mail address: (to be used for future annual report	غيبوت
For further information c	oncerning this matter, please call:	notification) & & & & & & & & & & & & & & & & & & &
Ryan Collins	786 423-063	
Name o	f Person Area Code Da	ytime Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collins Family Insurance, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000135185</u>	were filed on May 31, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	•
Enter new principal offices address, if applicable:	171 NW 136th Avenue	ီ တ မ
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33325	37
Enter new mailing address, if applicable:	171 NW 136th Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Sunrise, FL 33325	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	e: Enter Florida street address	
<del> </del>	, Flor	ida Zip Code
	City	гір Соае

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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ryan Collins	459 Stonemont Dr	
		Weston, FL 33326	Remove
			■ Change
AMBR	Emily Collins	459 Stonemont Dr	Add
		Weston, FL 33326	□ Remove
			Change
			□ Add
			☐ Ramove
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		<del></del>	Remove
			Change .
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		<u> </u>	□ Remove
			Change

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fective date, if other than the effective date is listed, the date in this listed in this listed in this listed in the current's effective date on the	ust be specific and cannot block does not meet the	applicable stat			ling.) Pursu	
record specifies a delaye The 90th day after the re		ut not an ef	fective time, a	at 12:01 a.	m. on th	e earlier
July 20	2018	3				
	h 12					
	/Signature of a member					

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Filing Fee: \$25.00