## 118000135858

(1	Requestor's Name)
	Address)
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(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:	
PICK-UP	WAIT MAIL
	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor			
subject: R	ght Click Insu	rance Agency LL C	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	David	Milton Name of Person	
	Right (	Thek Insurance Ag	ency LLC
	7481 SW	Address	
		FL 33155 City/State and Zip Code	
	E-mail address: (t	@ tela claims. com o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	dl:	
David Mi Name o		at ( <u>305</u> ) <u>525-76</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for th	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:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Right Click Insurance	Agency LLC
J ( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on
Florida document number <u>L 1806013 585 8</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	29
	5. ···
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Non-Dominton d Arma On Simuratura if about in Position of Arma	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David S. Milton	7481 SW SOTI Terrace	<b>#</b> Q Add
		Migmi FL 33155	□ Remove
			Change
MGR	Telaclaims S. Milton	7481 SW 50+ Trilace	
		Mamí EL 3315	Remove
			Change
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The 90	th day after t	he record is	filed.								
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		Signatu	ire of a n	nember or a	uthorized	epresentati	ve of a men	iber		<del></del>	

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Filing Fee: \$25.00