## L18000 147762

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## **COVER LETTER**

Division of Corpo	rations			
SUBJECT:	Farmers I	ASJEANCE SUNTER	LLC	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
		Name of Person  S Insulance Sul	ntree, LLC	
	7025	N. Wickham Ro	D., Suite 103	
		City/State and Zip Code  City/State and Zip Code  Code  Code  To be used for future annual report notifie		,
For further information cond	erning this matter, please c	•	> :9	۱۰۰ ز
Enclosed is a check for the f		□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
MAILING	G ADDRESS:	(additional copy is enclosed)  STREET/COURIE	Certified Copy (additional copy is enclosed	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

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

Farmers I	Ensurance Suntree LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Insurance Suntree LLC  ny as it now appears on our records.)  Adability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18006 [43362</u>	were filed on June 11, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.I.C."
Enter new principal offices address, if applicable:	7025 N. Wickham Rd., Suite 103
(Principal office address MUST BE A STREET ADDRESS)	Melborne, FL 32940
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	7025 N. Wickham Rd., Suite 103 Melbourne, FL 32940
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new:
Name of New Registered Agent:	ic Luzar
New Registered Office Address: 703	5 N. Wickham Rd., Srite 103 Enter Florida street address
	Florida 32940 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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effective <u>e:</u> If the	ate, if other the date is listed, the of date inserted in effective date of	date must be spe this block do	cific and ca es not med	nnot be prior	able statutory	or more than 9	(option of the control of the contro	nal) iling.) Pursuant to date will not be l	605.0 listed
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·d	JUNE	2a	<u> </u>	2018	<u>3</u> .				
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		Signati	ire of a mo	qiber∣or auth	orized represent	ative of a mem	ber		

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Filing Fee: \$25.00