

L18000215161

(Requestor's Name)

(Address)

(Address)

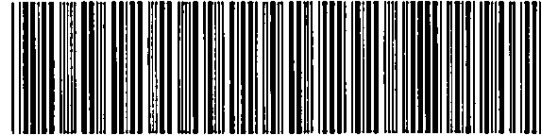
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



300339410783

01/22/20--01015--017 **35.00

RECEIVED
JUN 21 2020

SECRETARY OF STATE
FALL ADMINISTRATION

2020 JAN 21 PM 12:28

FILED

Special Instructions to Filing Officer:

Office Use Only

Amend/COIS

FEB 17 2021
ALBRIGHTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MISCZAK INSURANCE COMPANY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M. Misczak
Name of Person
Misczak Insurance Compnay, LLC
Firm/Company
1403 13th Street
Address
Saint Cloud, FL 34769
City/State and Zip Code
misczakinsurance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William M Misczak at (321) 766-4714
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2020 JAN 21 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MISCZAK INSURANCE COMPANY 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 09/10/2018 and assigned Florida document number L18000215161.

This amendment is submitted to amend the following:

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

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)

1403 13th Street

Saint Cloud, FL 34769

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1403 13th Street

Saint Cloud, FL 34769

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:

First Choice Registered Agent > INC

New Registered Office Address:

1401 13th Street

Enter Florida street address

Saint Cloud

City

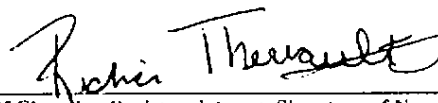
, Florida

34769

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>	<u>Address</u>	<u>Type of Action</u>
MGR	William M Misczak	4725 Old Canoe Creek Rd., St. Cloud, FL 34769	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1403 13th St., Saint Cloud, FL 34769	<input checked="" 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

