119000039883

| (Requestor's Name) |
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| (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: |
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Office Use Only



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07/15/21--01017--028 **25.00





August 4, 2021

JOHN AL-JAZRAW.L 325 SW RAY AVE PORT ST. LUCIE, FL 34983

SUBJECT: CUSTOM COVERAGE SOLUTIONS LLC

Ref. Number: L19000039883

We have received your document for CUSTOM COVERAGE SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 621A00018311

RECEIVED

COVER LETTER

| Division of Cor | | | |
|---|---|--|--|
| SUBJECT: | Custom (Name of Limi | GVERAGE SOLW | HonsLLC |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for tiling. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Joh | M Al-Jazra Name of Person | 2021 AL |
| | | Firm/Company | |
| | 325 | Address Address Lucle FL City/State and Zip Code The Lucle FL City of the Code Code Code Code Code Code Code Code Code Code Code | 2021 AUG 18 PH 4: 03 SECRETAL X OF STATE TALL AHASSEE, FLA |
| | Post S. | + Lucle FL City/State and Zip Code | 34983 B |
| | E-mail address: 0 | to be used for hours annual report notifi | cations solutions com |
| For further information | concerning this matter, please ex | all: | |
| John | Al Jacoul | at (301) 83 Area Code Daytime | 2.2606 Telephone Number |
| Enclosed is a check for (| he following amount: | | |
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration Division of O P.O. Box 63 | Section Corporations | Street Address: Registration Sec Division of Corp The Centre of Ta | porations |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp (A Florida Limited | overage any as it now appears on our r (Liability Company) | Solutions LL(|
|--|--|--------------------------------------|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>119000039483</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia Aliazrani, The new name must be distinguishable and contain the words "Limited Liab | Marketla | "L.C" or the abbreviations L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | PZI AUG |
| Page and adding a labour if applicables | · | 8 PH 4: |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | | 03 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, g | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Emer Florida street o | uhlress |
| | | , Florida |
| | Спу | Zip Code |
| Naw Desistered Agent's Signature of changing Registered Agen | t - | |

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 |
|--------------|-------------|---------|---|
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| Effective date, if other than the date of filing: [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 605.922. State: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a locument's effective date on the Department of State's records. The record specifies a delay of effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. August 1 aft. Signature of a member of authorized appreciation of a member. | | | | | ·. <u> </u> | |
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Filing Fee: \$25.00