Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000164031 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SERBER & ASSOCIATES, P.A.

Account Number : 120000000083

: (305)932-6262

Phone Fax Number : (305)933-9393

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mp @ Situa kurfinm or

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM AGENCY GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

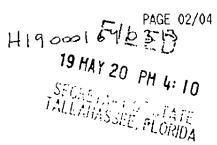
Help

K SALY MAY 2 1 2019

5/20/2019

SERBER&ASSOC.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



				HUM
PALM AGENCY GROUP, LLC				
(Name of the Limited Liabil	lity Company	as it now appears on our r	ecords.)	
The Articles of Organization for this Limited Liability	Company w	ere filed on 05/15/20	19	and assigned
Florida document number L19000125546				
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the lin	mited liabili	ty company bere:		
				and the second second
The new name must be distinguishable and end with the words "t	Limitėd Liabili 	ty Company," the designation	in "LLC" or the abi	previation C.C.C.
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADL	DRESS)			
	Ì			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
intuiting materies out a section was				
B. If amending the registered agent and/or reg	gistered off	ice address on our r	ecords, <u>eater l</u>	he name of the new
registered agent and/or the new registered office ac	<u>aaress nere</u> :			
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stree	a -ddwate	
		Enter Florida Siree		
		City	Florida	Zin Code
		CiŅ		
New Registered Agent's Signature, if changing Registe	ered Agent:			t state
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete p d agent as p tered office	perjormance of my au rovided for in Chapter	r 605, F.S. Or,	if this document is
	If Chao	ging Registered Agent, Sig	nature of New Re	gistered Agent
	 Page 1	of 3		

3059339393

1119 000 1670313

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>itle</u>	Name	Address	Type of Action
			Add
			Remove
			□ Remove
			HAY
			Remove 19 MAY 20 PH 4: 10 St. Carrow 19 MAY 20 PH 4: 10 Remove 19 ALL MILES OF THE REMOVE 10 PH 4: 10 PH ALL MILES OF THE REMOVE 10 PH ALL MILES OF THE REMO
			The enough
			0800 0800
			Remove
			Add
			
		_	Remove
			Remove

14190001640313

Celia Saban	
fective date, if other than the date of feetfective date must be specific, cannot be priored that this document is filed by the Florida Depar	o date of receipt of filed date and calmor of more than 70 days and
fective date, if other than the date of feetfective date must be specific, cannot be prior e date this document is filed by the Florida Departed May 17	o date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, cannot be prior e date this document is filed by the Florida Departed May 17	o date of receipt or filed date and cannot be more than 90 days after timent of State)

Page 3 of 3