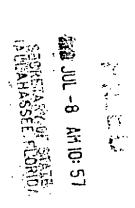
## 119000133390

Office Use Only



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## **COVER LETTER**

TO:		stration Secti iion of Corpo		·	•	, en	;
SUBJEC		A&H AGENO	CY PARTNERS, LLC				B ONE
SUBIRC	, t i _	-	Name of Limited Liability Company				
The encl	osed	Articles of An	nendment and fee(s) are sub-	mitted for filing.			L-8 #10:51
Please re	eturn a	ıll correspond	ence concerning this matter	to the following:		5	<b>製 2</b>
			Lawrence Adkins, Jr.				
				Name of Person			
			A&H AGENCY PARTNERS, LLC				
				Firm/Company			
592 SE 15th Ave.							
				Address			
			Deerfield Beach, Ft. 33441				
City/State and Zip Code ladkins@ampleins.com							
		E-mail address: (to be used for future annual report notification)					
For furth	er inf	ormation con	cerning this matter, please co	ıll:			
Lawrence Adkins				561 6	99-0883		
		Name of Pe	erson	Area Code	Daytime Telep	hone Number	
Enclosed	l is a	check for the t	following amount:				
□ \$25.0	5.00 Filing Fee U		S30.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified		■ \$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 TO ARTICLES OF ORGANIZATION OF

THE WILL

(Name of the Limited Liability Company as it now appears on our records.)

(V. LIOI	iud Eurilea Liability Company)	37		
The Articles of Organization for this Limited Liability	Company were filed on 05/16/2019	and assigned		
Florida document number L19000133390	·			
This amendment is submitted to amend the following:		·		
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "I	imited 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 ADd	DRESS)			
		<del></del>		
Enter new mailing address, if applicable:		<del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)				
D. If any article the matter of the second second	Control of the second			
B. If amending the registered agent and/or reg	gistered office address on our records Idress here:	, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	Fla	orida		
	Cuy	orida 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
MGR	Lawrence Adkins, Jr.	592 SE 15TH AVE. DEERFIELD BEACH, FL 33441	■ Add
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			Change
			Remove
			Change
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ffective date, if other than an effective date is listed, the date ate: If the date invested in this	the date of filing:			(optional)	
ote: If the date inserted in this ocument's effective date on the	s prock does not med	rt the applicable	statutory filing req	an 90 days after filing.) Pa uirements, this date wi	arsuant to 605,0207 Il not be listed as
e record specifies a dela The 90th day after the	yed effective dat record is filed.	e, but not ar	ı effective time	, at 12:01 a.m. on	the earlier of
ated	,	2019			
, 1		· <u>·····</u>			
			representative of a r		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00