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O SIMMONS

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	NCY PARTNERS, LLC					
SUBJECT:		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
	ADKINS, LAWRENCE, J	R,				
	Name of Person					
	A&H AGENCY PARTNERS, LLC					
FumCompany						
	592 SE 15th AVE					
	Address					
	DEERFIELD BEACH, FI	, 33441				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
	adkinslarry23@gmail.com					
For South or in Comment on the		to be used for future annual report non	fication)			
	oncerning this matter, please c					
ADKINS, LAWRENCE, JR		561 699-0883 at () Area Code Daytor				
Name o	f Person	Area Code Daytin	ie Telephone Number			
Enclosed is a check for the	ne 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 tadditimal copy is enclosed			
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction			
Division of C	orporations	Division of Cor	porations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2022 FEB - 1 PM 7: 43

A&H AGENCY PARTNERS, LLC

PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our Peor december 1 of 12 1/1/2 (A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

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 ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida Zıp Code

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 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>	Type of Action
AMBR	HARDUVEL. ARIS	10521 EMERALD CHASE DR.	
		ORLANDO, FL 32836	≣Remove
			□Change
AMBR	PAPOWITZ, JENELL	592 SE 15th AVE	■Add
		DEERFIELD BEACH, FL 33441	□Remove
			[][Change
			□ Add
			□Remove
			□Change
		_	□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

				
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Effective date, if other than the Tan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ie date of filing: usi be specific and cannot block does not meet the	applicable statutory	(op g or more than 90 days ati tiling requirements, t	tional) er tiling.) Pursuant to 605/02 his date will not be listed :
e record specifies a delayed effect rd is filed.	ive date, but not an effe	ctive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after th
Innum 27th	2022			
Dated				
Dated	<u> </u>			

Filing Fee: \$25.00