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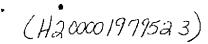
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## COVER LETTER



	istration Sec sion of Corp				
CUBICCE.	PHYSICIA	NS' ARMOR INSURANCE S	ERVICES, LLC		
SUBJECT:	Name of Limited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	o the following:		
		DONNA M. FLAMMANG	, ESQUIRE		
			Name of Person		
	BRENNAN, MANNA & DIAMOND, P.L.				
Firm/Company					
	8891 BRIGHTON LANE, SUITE 127				
Address					
	BONITA SPRINGS, FL 34135				
City/State and Zip Code					
		dmflammang@bmdpl.co	m o be used for future annual report n	olification)	
For further is	nformation c	oncerning this matter, please or			
Donna M. F			239 992-6578		
	Name o	f Person	at () Area Code Days	ime Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>≘</b> \$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)	
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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION OF PHYSICIANS' ARMOR INSURANCE SERVICES, LLC

**DOCUMENT NO. L19000233397** 

The Articles of Organization for this Limited Liability Company were filed on September 24, 2019 and assigned Florida document number L19000233397. This amendment is submitted to amend the following:

ARTICLE IV of the Articles of Organization of the Limited Liability Company is hereby amended to read as follows:

## ARTICLE IV MANAGEMENT

The Limited Liability Company shall be managed by a Manager or Managers in accordance with the Operating Agreement adopted by all of the members. The names and addresses of the Managers who shall serve until the next annual meeting of the members, or until their successors are elected and qualified, are Kent Solutions, Inc. and Melsar Risk Management Services, Inc. who addresses are 3902 Flat Iron Loop, Suite 101, Wesley Chapel, Florida 33544.

Date: June 25, 2020

Print Name: Kriston Kent, M.D. Title: Authorized Representative

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