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Account Number : 120050000098
Phone : (239)992-6578
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHYSICIANS' ARMOR INSURANCE SERVICES, LLC

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: PHYSICIANS' ARMOR INSURANCE SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to 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.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna M. Flammang

Name of Person

239

at ()

Area Code

992-6578

Daytime Telephone Number

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Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
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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