L19000251459

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TO:	Registration Se Division of Cor	ction porations ³		70
ciin ii		UITY MAN LLC	,	
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ryan Williams, Esq.		
		Coastal Law Group	Name of Person	
		105 Solana Road, Suite C	Firm/Company	
		Ponte Vedra Beach, FL 32	Address 082	
		stan@stantheannuityman.co	City/State and Zip Code om	-
For fur	ther information c	E-mail address: (oncerning this matter, please of	to be used for future annual report notifi all:	ication)
	Williams, Esq.		904 930-4100 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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)

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 ANNUITY MAN LLC		
(Name of the Limited Liat (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/07/2019	and assigned
Florida document number L19000251459	 ·	
This amendment is submitted to amend the following:	.	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1019
B. If amending the registered agent and/or reg		er the name of the
egistered agent and/or the new registered office ac	adress here:	
Name of New Registered Agent:		
New Registered Office Address:		- · ·
	Enter Florida street address	ω
	, Florida	
	City	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>	Name	Address	Type of Action
AR	Christine Haitcock	520 HONEY LOCUST LANE	
		POLITE LUND A DUA GUA DU	Add
		PONTE VEDRA BEACH, FL 32082	■ Remove
			Change
			
			□ Remove
			Change
	 		
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
		☐ Remove	
			Change
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			☐ Remove
			□ Change

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(II an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
Date	October 29 2019
	(1) 5 - V
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00