

L19 000 287 763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

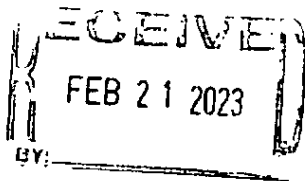
(Business Entity Name)

(Document Number)

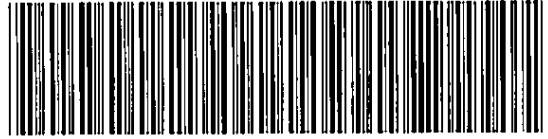
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SECURITY SERVICE  
TALLAHASSEE, FL

2023 MAY -5 AM 9:20

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Apex 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:

Justin Sally

Name of Person

Apex Insurance Services, LLC

Firm/Company

1250 E. Hallandale Beach Blvd. Ste. 1007

Address

Hallandale Beach, FL 33009

City/State and Zip Code

jsally@apexinsuranceresources.com

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

For further information concerning this matter, please call:

Justin Sally

954

241-3993

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

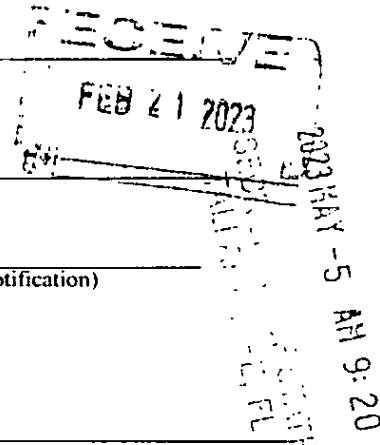
☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Apex Insurance Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/19/2019 and assigned Florida document number 1.19000287753.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 ADDRESS)**

1250 E. Hallandale Beach Blvd. Ste. 1007

Hallandale Beach, FL 33009

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1250 E. Hallandale Beach Blvd. Ste. 1007

Hallandale Beach, FL 33009

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Justin C. Sally

New Registered Office Address:

1250 E. Hallandale Beach Blvd. Ste. 1007

*Enter Florida street address*

Hallandale Beach

Florida 33009

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Angela L. Dionne	777 Deltona Blvd. Ste. 28 Deltona, FL 32725	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 MAY 5 AM 9:21  
 SEBASTIAN COUNTY  
 TALLAHASSEE, FL

2023 MAY -5 AM 9:21  
SECURITY DEPT  
TALLAHASSEE, FL

2023 MAY -5 AM 9:21  
SECURITY DATE  
TALLINN, EST. PL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 14, 2023

*Justin Sully*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Justin Sally

Typed or printed name of signee