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COVER LETTER

TO: Registration Section **Division of Corporations** PREFERRRED FLORIDA INSURANCE LLC SUBJECT: 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: JOHN MARQUES Name of Person PREFERRED FLORIDA INSURANCE LLC Firm/Company 15 BASS LAKE DR Address DEBARY FL 32713 City/State and Zip Code john@preferrredfloridainsurance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Marques Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

PREFERRED FLORIDA INSURANCE LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	's on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{12}{12}$	16/2019 and assigned
lorida document number L19000304348	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	<u>re</u> :
REFERRED MID-FLORIDA INSURANCE AGENCY LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "Ll.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	2.00 ·
	
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
	10: 2
	22
If amending the registered agent and/or registered office address on our re	cords, enter the name of the new regis
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flori	da street address

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

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>	Address	Type of Action
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fective date, if other than the on effective date is listed, the date must	be specific and cannot	be prior to date of	filing or more than 90	days after filing.) Pursuar	н ю 605,020
ote: If the date inserted in this blo- cument's effective date on the Dep	artment of State's r	e applicable statu ecords.	tory filing requirer	nents, this date will not	be listed a
ecord specifies a delayed effective	date, but not an effe	ctive time, at 12	:01 a.m. on the ear	lier of: (b) The 90th d	ay after the
is filed.					
AUGUST 18	2020				
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S	ignature of a member	or authorized repr	esentative of a memb	er	

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