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COVER LETTER

Registration Section

TO:

. Div	ision of Corp	porations	y s.	•
	Shawn Man	niel Agency LLC		
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>
The enclosed	l Articles of A	Amendment and fce(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Shawn Michael Manniel		
		Name of Person		
		Shawn Manniel Agency Ll	C	
			Firm/Company	
		880 Santa Maria Blvd, Sui	te 4	
			Address	
		St. Augustine, FL 32086		
			City/State and Zip Code	
		smanniel@farmersagent.com		
			to be used for future annual report notif	neation)
For further in	iformation co	oncerning this matter, please co	all:	
Shawn Mich	ael Manniel		386 698-5143 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	Filing Fec	☐ \$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)
Reg Div P.C	iling Address gistration S vision of C D. Box 632 lahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our re Liability Company)	cords.)
were filed on <u>02/20/2020</u>	and assigned
ility company here:	
lity Company," the designation "	LLC" or the abbreviation "L.L.C."
	2020
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address on our records, <u>er</u>	ter the name of the new registe
Enter Florida street aa	ldress
	, Florida
City	Zip Code
performance of my duties provided for in Chapter 6	I further agree to comply with s s, and I am familiar with and 05, F.S. Or, if this document is n that the limited liability
1 1 E	ility company here: Ity Company," the designation " Address on our records, en Enter Florida street aa City ee to act in this capacity. performance of my duties provided for in Chapter 66

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
AMBR	Paul Santos	9 Lynton Pl	
		Palm Coast, FL 32137	■Remove
			□Change
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•	Formation, enter change(s) here: (Attach additional sheets, if necessary.)	
i amending any other into	ormation, enter change(synere: (https://doi.org/10.10013), y necessary, y	
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Note: If the date inserted in t	optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 this block does not meet the applicable statutory filing requirements, this date will not be list the Department of State's records.	605.0207 (3)(b isted as the
If the record specifies a delayed ef record is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
Dated 10/26	2020	
	Signature of a member or authorized representative of a member	
Shawn Michael M	1anniel	
	Typed or printed name of signee	