

L20 00000 66381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend/Name Change

DEC 03 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAMCA INSURANCEGROUP 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:

EDWIN M LAMOLI

Name of Person

MGRM

Firm/Company

1764 PRAIRIE VIEW LN

Address

OVIDO, FL 32765

City/State and Zip Code

emls123@hotmail.com

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

For further information concerning this matter, please call:

Edwin M Lamoli

787

392-4312

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 OCT 23 PM 3:45

DATE FILED
20 OCT 22 PM 3:45
OFFICE OF THE CLERK
STATE OF FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LAMCA INSURANCEGROUP 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 02/28/2020 and assigned
Florida document number L20000066381.

This amendment is submitted to amend the following:

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

LAMCA INSURANCE, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

EDWIN M LAMOLI

New Registered Office Address:

1764 PRAIRIE VIEW LN

Enter Florida street address

OVIEDO

City

Florida 32765

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>
MGRM	LAMOLI SEGARRA, EDWIN M	1764 PRAIRIE VIEW LN	<input type="checkbox"/> Add
		OVIEDO FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LAMOLI, EDWIN M	1764 PRAIRIE VIEW LN	<input checked="" type="checkbox"/> Add
		OVIEDO FL 32765	<input 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REQUESTED CHANGES: NAME OF THE BUSINESS INDICATED ABOVE ON THIS DOCUMENT

AND ELIMINATE THE LAST NAME SEGARRA SHOULD READ EDWIN M LAMOLI.

E. Effective date, if other than the date of filing: 10/19/2020 (optional)

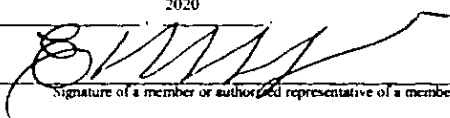
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 19

2020


Signature of a member or authorized representative of a member

EDWIN M LAMOLI

Typed or printed name of signee

Filing Fee: \$25.00