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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

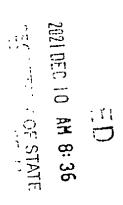
Office Use Only

A. RIVERS
DEC 2 2 2021



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co						
Associated	Insurance Agencies of Florida,	LLC				
Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Mark Otto					
	·	Name of Person				
	Otto Insurance Group of Fl	orida, LLC				
		Firm/Company				
	9141 Overseas Highway					
		Address				
	Marathon, FL 33050					
	motto@otto-ins.com	City/State and Zip Code				
For further information	E-mail address: (i concerning this matter, please ea	to be used for future annual report not all:	ification)			
Mark Otto		614 206.4045				
Name	of Person	at () Area Code Daytin	ne 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u> Registration	— — — — — — — — — — — — — — — — — — —	<u>Street Address:</u> Registration Se	ection			
Division of O	Corporations	Division of Co	rporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Associated Insurance Agencies of Florida, 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 $\frac{03/31/2020}{1}$ and assigned Florida document number 20000093612 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Otto Insurance Group of Florida, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address _. Florida City

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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F Fffect	tive date, if other than the	date of filing:			(optional)	
(If an ef <u>Note:</u>	five date, if other than the fective date is listed, the date must. If the date inserted in this blonent's effective date on the De	be specific and canno ck does not meet th	ne applicable stat	filing or more than 90 day	s after filing.) Pursuant to 605	5.0207 (3)(t ed as the
f the recorecord is fi	rd specifies a delayed effective iled.	date, but not an ef	fective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day afte	τ the
Dated	December 2nd	202	21			
i.zaced		7	·			
				resentative of a member		
		Signature of a membe	er or authorized tei	resentative of a member –		

Typed or printed name of signee