

L20000112948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

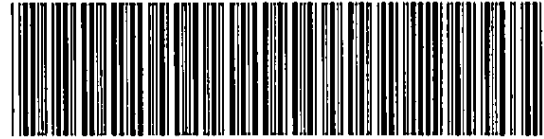
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/20--01018--004 **25.00

2021 SEP 28 PM 3:14
CLERK OF COURT
HALL COUNTY, GEORGIA

FILED

To Whom It May Concern,

I recently made changes to my companies and sent in a larger payment then what was required to amend our company information.

6.12.2020

Check # 111 \$52.50 America First Insurance Group

Check # 110 \$52.50 Insuring U

Since we now had to make another amendment to both companies the refund amount could be applied to these and the enclosed checks can be voided or you can issue the \$27.50 x2 to America First Insurance Group and Insuring U and send them to 6635 West Commercial Blvd. Suite 210, Fort Lauderdale, FL 33319.

If there is anything further needed please feel free to call me at 877.999.5469 (office), 954.470.7991 (cell) or email me at info@insuringurdlife.com.

Heather Agnew and Adalberto Rodriguez

Owner

6635 West Commercial Blvd

Suite 210

Fort Lauderdale, FL 33319

A handwritten signature in black ink, consisting of a large, stylized 'H' and 'A' intertwined, followed by a long horizontal line extending to the right.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insuring U
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:

Heather Agnew

Name of Person

Insuring U

Firm/Company

6635 West Commercial Blvd. Suite 210

Address

Fort Lauderdale, FL 33319

City/State and Zip Code

info@insuringurlife.com

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

⁸⁰
For further information concerning this matter, please call:

Heather Agnew

877 999.5469

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**

Insuring U 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 04/27/2020 and assigned
Florida document number L20000112948.

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)

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:

6635 West Commercial Blvd, Suite 210

Enter Florida street address

Fort Lauderdale

, Florida 33319

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>
AMBR	Heather Agnew	11300 NW 32nd Place	<input type="checkbox"/> Add
		Sunrise, FL 33323	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Adalberto Rodriguez	4996 Island Club Dr	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33319	<input type="checkbox"/> Remove
			<input checked="" 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.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (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 September 22nd

2020

Signature of a member or authorized representative of a member

Heather Agnew

Typed or printed name of signee