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Special Instructions to	Filing Officer:	

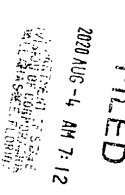
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## COVER LETTER 8-01-2020

TO: Registration Division of C		-7	inese docum	ents supercede documents submitt
	red Advocate, LLC			scomitt
SUBJECT:	Name of Lin	nited Liability Company		_
	of Amendment and fee(s) are subspondence concerning this matter			
	Ms. Michele L. Vaillanco	urt		
		Name of Person		
	The Insured Advocate, LL	.c		
		Firm/Company		<u> </u>
	271 NE 38th Street, Suite	C319		
		Address		
	Oakland Park, Florida 333	134		
	michele-insuranceadvocate	City/State and Zip Code @outlook.com		_
	E-mail address: (	to be used for future annual report	t notification)	_
For further information	n concerning this matter, please c	all:		
Ms. Michele L. Vailla	ncourt	415 504-035		
Nam	c of Person	Area Code Da	aytime Telephone Numl	ber
Enclosed is a check for	r the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &  Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

Mailing Address:

✓ Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Check Enclosed

#201

### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

The Insured Advocate, 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 July 02, 2020 Florida document number L20000187929 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 "LLC." The Insured Advocate Enter new principal offices address, if applicable: 271 NE 38th Street, Suite C319 (Principal office address MUST BE A STREET ADDRESS) Oakland Park, FL 33334 The Insured Advocate, LLC c/o M.L. Vaillancourt Enter new mailing address, if applicable: 271 NE 38th Street, Suite C319 (Mailing address MAY BE A POST OFFICE BOX) Oakland Park, FL 33334 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: Michele L. Vaillancourt, CISR Name of New Registered Agent: 271 NE 38th Street, Suite C319 New Registered Office Address: Enter Florida street address \_ Florida 33334
Zip Code Oakland Park

#### 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.

City

ing 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	Joyce Vaillancourt		□Add
		271 NE 38th St., Suite C319;Oakland Park, FL 3333	4 ≣Remove
<u> </u>			□Change
MGRMEN	Michele L. Vaillancourt	271 NE 38th St., Suite C319;Oakland Park, FL 3333	4 ≣∧dd
			□Remove
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	), there are no employees. $MGQ-MEM$
*note for clarity - The Statemen	ent of Correction was not sent however, these are all corrections to the previously
filed document L20000187929.	).
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Filing Fee: \$25.00