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- (Requestor's Name)
(Address)
- (Hadisəy)
(Address)
(City/State/Zip/Phone #)
" PICK-UP WAIT MAIL
(Business Entity Name)
L ::
- (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
J. HORNE
NOV - 7 2024
Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BQX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/06/2024

NAME: BETTER PLACE INSURANCE GROUP L.L.C.

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ion of Corp					
SUBJECT:		Insurance Group L.L.C.				
SOBJECT		Name of Lim	ited Liability Company			
The englosed A	Articles of A	mendment and fee(s) are sub	mitted for filing			
			-			
Please return a	II correspon	dence concerning this matter	to the following:			
		Lynda Neal				
			Name of Person			
		HunterMaclean				
			Firm/Company			
		200 East Saint Julian Stree	t			
			Address			
		Savannah, Georgia 31401				
			City/State and Zip Code			
		Traversrm1@gmail.com				
		E-mail address: (I	to be used for future annual report noti	fication)		
For further info	rmation cor	ncerning this matter, please co	all:			
Lynda Neal			912 236-0261			
Name of Person			at () Area Code Daytim	e Telephone Number		
Enclosed is a cl	heck for the	following amount:				
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis	ng Address: stration Section of Con	ection rporations	Street Address: Registration Sec Division of Cor			
	Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 NOV -6 AHII: 48

Better Place Insurance Group L.L.C.

(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 6, 2020	_ and assigned		
Florida document number L20000190041				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Travers Legacy Holdings, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	liry Company," the designation "LLC" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if applicable:	5404 Orange Valley Dr.			
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33813			
Enter new mailing address, if applicable:	5404 Orange Valley Dr.			
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33813			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name o	of the new registered		
	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	L Comment			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if	niliar with and this document is		

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
			□Add
		 	□Remove
			□Change
			DAdd
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n effective date	s listed, the date	the date of fil	and cannot be pri	or to date of film	g or more than	30 days after fi	ling) Pursuant to	605 0203 (38b
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ecord specifies	a delayed effe	ctive date, but i	not an effective	time, at 12:01	a m, on the e	artier of: (b)	The 90th day	after the
is filed.							,	
Novembe	, (2024					
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<i>,</i> *	~ ~ ~ · ·	1/1///						

COVER LETTER

١TO:

TO: Registrat Division	n Section Corporations
Bette	Place Insurance Group L.L.C.
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	s of Amendment and fee(s) are submitted for filing.
Please return all co	espondence concerning this matter to the following:
	Lynda Neal
	Name of Person
	HunterMaclean
	Firm/Company
	200 East Saint Julian Street
	Address
	Savannah, Georgia 31401
	City/State and Zip Code
	Traversrm1@gmail.com E-mail address: (to be used for future annual report notification)
For further informa	on concerning this matter, please call:
Lynda Neal	912 236-0261
N	ne of Person Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
■ \$25.00 Filing F	Solution from the status and the status are considered as a status ar
Division P.O. Box	on Section Registration Section f Corporations Division of Corporations