

L20000 203648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

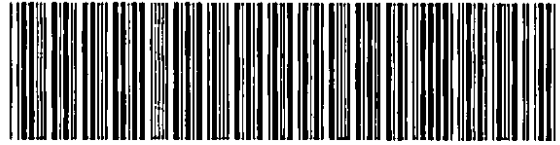
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG -3 PM 5:54

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D. BRUCE
SEP 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOICE INSURANCE & FINANCIAL SERVICES 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:

HENRY C MORANCY

Name of Person

CHOICE INSURANCE & FINANCIAL SERVICES LLC

Firm/Company

319 S B STREET 8

Address

LAKE WORTH FLORIDA 33460

City/State and Zip Code

HENRY.MORANCY@ME.COM

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

For further information concerning this matter, please call:

HENRY C MORANCY

561

853-4234

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

SECRET
TALLAHASSEE, FL

2020 AUG -3 PM 5:54

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHOICE INSURANCE & FINANCIAL SERVICES 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 07/14/2020 and assigned
Florida document number L20000203648.

This amendment is submitted to amend the following:

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

CHOICE INSURANCE & ADVOCATES 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:

(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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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2020 AUG -3 PM 54
SECURITY
TALLAHASSEE, FL

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

TAX ID EIN 27-3630327

2020 AUG -3 PM 5:54
BEON TALLAHASSEE, FL

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 07/29 2020

Signature of a member or authorized representative of a member

HENRY C MORANCY

Typed or printed name of signee

Filing Fee: \$25.00



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0153610484
Jul 22, 2020 LTR 147C
27-3630327

CHOICE INSURANCE & FINANCIAL SERVICES LLC
HENRY MORANCY SOLE MBR
319 S B ST STE 8
LAKEWORTH FL 33460

Taxpayer Identification Number: 27-3630327

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of July 22nd, 2020.

Your Employer Identification Number (EIN) is 27-3630327. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Miss Przybyciel
1003656446
Customer Service Representative