

L2000003410727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

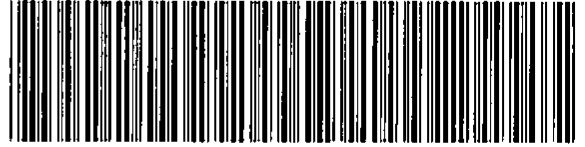
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100428384161

04/24/24--01014--006 **25.00

FILED
2024 APR 24 PM 4:53
SECRET
72

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FIRE & FLOOD, 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:

RANDALL LAZARUS

Name of Person

FLORIDA FIRE & FLOOD LLC

Firm/Company

PO BOX 485

Address

MOUNT DORA FL 32756

City/State and Zip Code

KIM@FLORIDAFIREFLOOD.COM

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

For further information concerning this matter, please call:

KIM NELSON- AMKRAUT

Name of Person

407
at (_____)_____
Area Code

761-0399

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**

FLORIDA FIRE & FLOOD, 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 10/29/2020 and assigned
Florida document number L20000340727.

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)

FILED	2024 APR 24 PM 4:53

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

MGR	NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	STATUS
	DAVID CARRERA							<input type="checkbox"/> Add
		PO BOX 485 MOUNT DORA FL 32756						<input checked="" type="checkbox"/> Remove
								<input type="checkbox"/> Change
								<input type="checkbox"/> Add
								<input type="checkbox"/> Remove
								<input type="checkbox"/> Change
								<input type="checkbox"/> Add
								<input type="checkbox"/> Remove
								<input type="checkbox"/> Change
								<input type="checkbox"/> Add
								<input type="checkbox"/> Remove
								<input type="checkbox"/> Change
								<input type="checkbox"/> Add
								<input type="checkbox"/> Remove
								<input type="checkbox"/> Change
								<input type="checkbox"/> Add
								<input type="checkbox"/> Remove
								<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

(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 state filing deadline, the filing is not effective.

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.

2024

RANDALL LAZARUS , MGR

Typed or printed name of signee