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03/28/22--01019--012 **25.00

2022 HAR 28 AM 6: 12 Secretary of State

A. BUTLER APR 1 3 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SHR IFCT:		N INSURANCE COMPANY, I	LLC	
nonat.c.r.		Name of Limi	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ondence concerning this matter	to the following:	
		BRENT DENNISON		
			Name of Person	
		DENNISON INSURANCE	E COMPANY, LLC	
			Firm/Company	11-1 4-15 -1
		300 REVILO BLVD		
		<u> </u>	Address	
		DAYTONA BEACH FL 3	2118	
			City/State and Zip Code	·
		brentdennison@yahoo.com		
		E-mail address: ()	to be used for future annual report not	ification)
For further i	information c	oncerning this matter, please ca	all:	
Brent Dennison		386 451-0161 au ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	he 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)
Re Di P.	O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee
Ta	illahassee. I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

DENNISON INSURANCE COMPANY

(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 03/19/2022 TALLAHASSEE Florida document number L Z 0000 397174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CONTROL OF The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 300 REVILO BLVD Enter new principal offices address, if applicable: DAYTONA BEACH FL 32118 (Principal office address MUST BE A STREET ADDRESS) 300 REVILO BLVD Enter new mailing address, if applicable: DAYTONA BEACH FL 32118 (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	abless
	Cuv	, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ctive date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the C	lock does not mee	et the applicable	ate of filing or more statutory filing r	(optic than 90 days after equirements, this	onal) filing.) Pursuant to 60 date will not be lis	05,020° sted as
ord specifies a delayed effectivelied.	e date, but not an	reffective time.	at 12:01 a.m. on	the earlier of: (b) The 90th day afi	er the
ed MARCH 21	·	2022				
		_				
			d representative of		_	