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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	DONNA C	CARRAGHER INSURANCE	CONSULTING LLC		
		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all соптекро	ondence concerning this matter	to the following:		
		DONNA CARRAGHER			
			Name of Person		
		DONNA CARRAGHER	INSURANCE CONSULTI	NG LLC	
			Firm/Company	<u></u>	<del></del>
		477 SW Bradshaw Cir			
			Address		
		PORT SAINT LUCIE, FL	. 34953		
			City/State and Zip Code		
		Browningacct@gmail.com			
		E-mail address: (	to be used for future annual re	port notification)	<del></del>
For further in:	formation c	oncerning this matter, please c	all:		
Jeff Jerkins			772 266- at ( )	<b>4</b> 712	
Name of Person		Area Code	Number		
Enclosed is a	check for th	ne following amount:			
<b>■ \$25.00</b> Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) C	60.00 Filing Fee, Certificate of Status & Certified Copy ddditional copy is enclosed)
Reg Divi P.O.	ing Addressistration Sision of Co. Box 632 ahassee, F	Section orporations 7	Division The Cent 2415 N. I	Iress: ion Section of Corporations are of Tallahasse Monroe Street, See, FL 32303	е

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED (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 \_\_\_\_\_\_04/03/2024 and assigned Florida document number \_\_\_\_\_L21000000840 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: D Carragher Insurance Inc 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Citv

## 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>	Name	Address	Type of Action
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			□Remove
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			□Add
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Filing Fee: \$25.00