# L210000/1909

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Profession I Insulance Executive, Lice 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:
KEVIN O'BRIGA Name of Person
Profey. 1 Insura Exection Ul
1414 Calce Taipon Avenue
City State and Zip Code  THE Flance PIEXE CUTIVES. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GEORGE CHARDS at (727) 4/12-28/1 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

Professional Insurance Executives, 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  $\frac{01/04/2021}{1}$ \_\_\_\_\_ and assigned Florida document number \_L21000011909 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) 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 \_\_\_

## 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
AMBR	Kevin Dale O'Brien	1030 Summer Breeze Drive, Brandon FL 33511	
			□Remove
			🗆 Add
			□Remove
			□Change
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ective date, if other than the confective date is listed, the date must example. If the date inserted in this bloomment's effective date on the Department.	be specific and cannot be prior to ck does not meet the applical	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not	t to 605.02 be listed :
eord specifies a delayed effective filed.	date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th de	iy after th
March 9	2021			
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Filing Fee: \$25.00