Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALKER AGENCY, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALKER AGENCY, LLC	. <u></u>		ĝ		
(Name of the Limited Liability Compat (A Florida Limited L	ny as it now appears on our records.) nability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L21000051799 This amendment is submitted to amend the following:	were filed on <u>01/28/2021</u>	and ass	igned		
A. If amending name, enter the new name of the limited liab	ility company here:				
_					
Surfside Agency, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.	L.C."		
	7001 4th St N				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	STE 300				
(Principal office address WOST BLA STREET ADDRESS)	St. Petersburg FL 33702	-			
Enter new mailing address, if applicable:	28237 La Gallina				
(Mailing address MAY BE A POST OFFICE BOX)	Laguna Niguel ca 92677				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u>	er the name	of the nev		
					
New Registered Office Address:	Enter Florida street address	. <u> </u>	·		
	, Florida,	Zip Code	<u></u>		
New Registered Agent's Signature, if changing Registered Agent	· :				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I further of e performance of my duties, and I are provided for in Chapter 605, F.S. C) Or, if this doc	aument is		

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>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Remove
			Add
			Remove
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

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No.	tive date, if other than the date of filing: [ffective 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 ([include the file of the fi
If the ro (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	2/19 2021
	Rilung Tark Signature of a member or authorized representative of a member

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Filing Fee: \$25.00