LZ1000067051

((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:			

1





300390683973

07/15/12--01021--025 *+30.00

SEP 2 9 2022

S. PRATHER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	DAMS AGENCY			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	erik arroyo / 54	acey Malon. Name of Person	ey	
	•	Name of Person		
	BAND, GATES & DRAMI	S, P.L.		
		Firm/Company		
	2070 RINGLING BLVD.			
		Address		
	SARASOTA, FLORIDA 34	237		
		City/State and Zip Code		
	E-mail address: (to	be used for future annual report not	fication)	
For further information c	oncerning this matter, please cal			
		at (941 Area Code) 366-8010 Daytim		
panie o	f Person	Area Code Daytim	te Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S	i <u>s:</u> Section	Street Address: Registration Se	ction	
Division of C			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICOLE ADAMS AGENCY			
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited I Florida document number L21000067051	•		and assigned 5
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	y company here:	
ADAMS AGENCY, LLC			
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _		
(Principal office address MUST BE A STRE	ET ADDRESS) _	111000 0000	
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		
			* 10-00
	_		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or	registered office add	ress on our records, enter the r	name of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	BAND, GATES &	DRAMIS, P.L.	
New Registered Office Address:	2070 RINGLING E	BLVD.	
		Enter Florida street address	
	SARASOTA		34237
		Cin	Zin 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

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		

1000

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		 	□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

Email address: nadams@farmersagent.com		
		
	<u> </u>	
		
	· · · · · · · · · · · · · · · · · · ·	
	_	
fective date, if other than the date of filing: (opi	tional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft ote: If the date inserted in this block does not meet the applicable statutory filing requirements, the		
ocument's effective date on the Department of State's records.		
and an efficient deband official and a first of the second	(1) (F) 00.1 1 n .1	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (lis filed.		2
1/00 0-00	<u> </u>	2027
nted	7e 52.	2022 JUL 15 PH
Min workstown	SS	
Signature of a number or authorized representative of a member		L 15 PI
· ·		
Manages Typed of printed name of signee		
Typed of printed name of signee		58

Filing Fee: \$25.00