

L21000072907

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(City/State/Zip/Phone #)

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FILED
2022 MAR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

APR 11 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRUSTED INSURANCE CONSULTANTS, LLC

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:

KAITLYN ARRINGTON

Name of Person

TRUSTED INSURANCE CONSULTANTS, LLC

Firm/Company

6320 S DALE MABRY HIGHWAY

Address

TAMPA, FL, 33611

City/State and Zip Code

ACCOUNTING@THEDUNCANDUO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAITLYN ARRINGTON

Name of Person

813 359-8990
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

TRUSTED INSURANCE CONSULTANTS, LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company))

FILED
2022 MAR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/11/2021 and assigned
Florida document number L21000072907.

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:

KAITLYN ARRINGTON

New Registered Office Address:

6320 S DALE MABRY HWY

Enter Florida street address

TAMPA


City

Florida 33611

Zip 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAITLYN ARRINGTON	6320 S DALE MABRY HIGHWAY	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAITLYN ARRINGTON	6320 S DALE MABRY HIGHWAY	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW DUNCAN	6320 S DALE MABRY HWY	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREW DUNCAN	6320 S DALE MABRY HWY	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

Dated January 14th 2022


Signature of a member or authorized representative of a member

Kathryn Arrington
Typed or printed name of signer

Filing Fee: \$25.00

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Raitlyn Arrington
Typed or printed name of signee

Typed or printed name of signer

Filing Fee: \$25.00