

621 000 105507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

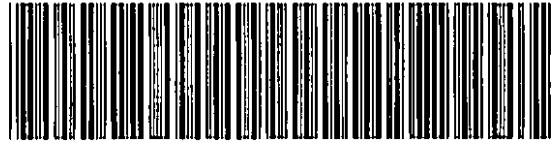
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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PROPER
LAW

ESTATE
CORPORATE
TRIAL

August 16, 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Proper Insurance Advisors, LLC

Enclosed please find Articles of Amendment for filing and check number 2641 in the amount of \$25.00 in payment of fees, regarding the above (Document Number I.21000105507).

Please use the below address for all correspondence and if further information is needed for this matter.

Sincerely,

Eric S. Haug

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Enclosures

T 850 583 1480
F 855 825 4449
<https://proper-law.com>

3233 Thomasville Road
Tallahassee, Florida 32308
eric@proper-law.com

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PROPER INSURANCE ADVISORS, 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 March 4, 2021 and assigned Florida document number L21000105507.

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)

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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**

City

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

Title Name Address Type of Action

MGR Patrick Hurley 3233 Thomasville Road Add

Tallahassee, FL 32308 Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

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Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 11, 2022

Signature of a member or authorized representative of a member

David Grulich

Typed or printed name of signee

Filing Fee: \$25.00