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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Appleton Agency, 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:
Dyanne Townsend Name of Person
Firm/Company
1166 Singer Drive
West Palm Beach FL 33404 City/State and Zip Code dyannetaunsend@gmail.com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Dyame Townsend at 501 379-4725  Name of Person at 500 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ (additional copy is enclosed)\$\$\$ 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

The Appleton A (Name of the Limited Liability Compan (A Florida Limited Li	y asit now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L. 2.10001299.2.4</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabil	1 .	O Zand assigned
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same addre	SS
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name	e of the new registered
Name of New Registered Agent:		···
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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>	Address	Type of Action
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <b>Note:</b>	ve date, if other than the date of filing:
If the recor record is fil	d 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 ed.
Dated	September 14, 2024
	Signature of a member or authorized representative of a member
	Dyanne Townsend Typed or printed name of signee

BU: B 605.00