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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Divis	ion of Cor	porations			
	3P Insurar				
SUBJECT: Name of Limited Liability Company					
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	dl correspo	ondence concerning this matter	to the following:		
		Eric Kendrick			
			Name of Person		
		BP Insurance, LLC			
			Firm/Company		
		1436 Peachfield Drive			
			Address		
		Valrico Florida 33596			
			City/State and Zip Code		
		eric.kendrick@bpinsurand E-mail address: (	es.com to be used for future annual report no	tification)	
For further inf	ormation c	oncerning this matter, please c			
Eric Kendrick	ξ.	-	352 514-4299		
	Name o	f Person	at ()	me Telephone Number	
Enclosed is a	check for tl	ne following amount:			
<b>※</b> \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
	ing Addres		Street Address: Registration S	ection	
	sion of C Box 632	orporations 7	Division of Co The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BP Insurance, 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  $_{-}^{5-07-2021}$ and assigned Florida document number L21000214156 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 maine 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 Cuv

## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Eric Kendrick	1436 Peachfield Dr Valrico, FI 33596	
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			□Change
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ective date, if other than the reflective date is listed, the date in ter. If the date inserted in this learnent's effective date on the	ust be specific and cannot be prior block does not meet the applic	able statutory filing requi	(optional) 190 days after filing.) Pr rements, this date wi	irsuant to 605.020 Il not be listed a
cord specifies a delayed effecti is filed	ive date, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
	2024			
June 1st	2021			
June 1st		- V.		

Filing Fee: \$25.00