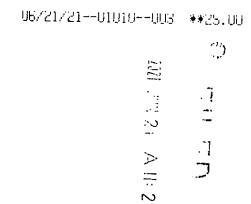


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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only 5.6.





COVER LETTER

TO: Registration Section Division of Corporations	
STECCONLINSURANCE LLC	
SUBJECT: 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:	
WIZETH STECCONI	
Name of Person	
STECCONI INSURANCE LLC	
Firm ² Company	
1906 VAN RAUB ST	
Address	
NORTH PORT, FL 34291	
City/State and Zip Code	
WSTECCONI@GMAIL.COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	·**
	121
WIZETH STECCONI 941 525.3441 at (:
Name of Person Area Code Daytime Telephone Number	2
Enclosed is a check for the following amount:	2 3
(additional copy is enclosed) Certified C	of Status &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	n

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STECCONTINSURANCE 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 MAY 11, 2021 and assigned Florida document number 1.21000218255 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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

_. Florida ___

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	<u>Name</u>	Address	Type of Action
AMBR	WIZETH STECCON!	1906 VAN RAUB ST	≣ Add
		NORTH PORT, FL 34291	□Remove
			□Change
			□Add
			©Change
			□ Remove
			☐ Change
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Filing Fee: \$25.00