# L21000218339

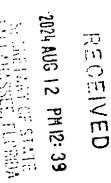
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## CORPORATE ACCESS,

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

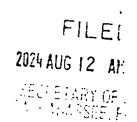
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		РНОТОСОРУ	
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1.		SENTRY INSURANCE AD (CORPORATE NAME AND DOCUME	
2.			
3.		(CORPORATE NAME AND DOCUME	:NT #)
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SPF	CIAI	LINSTRUCTIONS:	

#### **COVER LETTER**

Sentry Insu	rance Advisors, LLC			
	Name of Lin	nited Liability Company		
l Articles of	Amendment and fee(s) are sul	bmitted for filing.		
all correspo	ondence concerning this matter	to the following:		
	John Paolini			
		Name of Person		
	Sentry Insurance Advisors	S		
		Firm/Company		
	5150 Tamiami Trail N (Su	nite 403)		
		Address	<del></del>	<del></del>
	Naples, FL 34103			
		City/State and Zip Code		
		to he wand for fisture annual		
formation c			тероті попінсаціону	
		_		
Name o	f Person	Area Code	Daytime Telepho	one Number
check for th	e following amount:			
iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
istration S	Section	Registra	ation Section	ns
		The Cer	ntre of Tallahas	see
	Sentry Instance of Articles of all corresponding Address istration Sision of Co. Box 632	Articles of Amendment and fee(s) are sultable all correspondence concerning this matter  John Paolini  Sentry Insurance Advisors  5150 Tamiami Trail N (Sultane)  Naples, FL 34103  jpaolini@sentryia.com  E-mail address: ( formation concerning this matter, please of Person  Check for the following amount:  iling Fee	Sentry Insurance Advisors, LLC  Name of Limited Liability Company    Articles of Amendment and fee(s) are submitted for filing.   all correspondence concerning this matter to the following:    John Paolini	Sentry Insurance Advisors, LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  John Paolini  Name of Person  Sentry Insurance Advisors  Firm/Company  5150 Tamiami Trail N (Suite 403)  Address  Naples, FL 34103  City/State and Zip Code  jpaolini@sentryia.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  1 239  Name of Person  Area Code  Daytime Telephology (additional copy is enclosed)    Street Address: istration Section   Registration Section   Registration Section   Corporation   Corpora

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sentry Insurance Advisors, LLC			
(Name of the Lin	nited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Florida document number L21000218339	Liability Compar	ny were filed on 05/21/2021	and assigned
his amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
TailoredRisk Insurance Advisors, LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		No Change	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		No Change	
3. If amending the registered agent and/or gent and/or the new registered office addr	ess here:	e address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:	No Change		<del></del> -
New Registered Office Address:	No Change	Enter Florida street address	
		, Florid	la 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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Effective date, if other than	the date of filing: 08/15/	<sup>'</sup> 24	(ontio	nal\
Effective date, if other than 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 f	iling.) Pursuant to 605.0207 (
Note: If the date inserted in thi document's effective date on th	; block does not meet the a • Department of State's rec	pplicable statutory	tiling requirements, this	date will not be listed as t
e record specifies a delayed effe	ctive date, but not an effect	ive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
rd is filed.				
08/07/24	13,01			
Dated	. 12:01	<del></del> ·		
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$\geq 0$	2a5)			
	Signature of a member or	authorized represent	tative of a member	
John Paolini	Signature of a member or	authorized represent	tative of a member	<del></del>

Filing Fee: \$25.00