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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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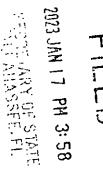
Office Use Only



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3/21/23 VIN.



COVER LETTER

TO:

Tallahassee, Fl. 32314

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| Florida Inst | urance Inspections & Surveying | g LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Sonya L Lancy | | |
| | - | Name of Person | |
| | Sonya L Laney CPA PA | | |
| | | Firm/Company | _ |
| | 5131 S Ridgewood Ave St | e F | |
| | | Address | |
| | Port Orange, FL 32127 | | |
| | | City/State and Zip Code | |
| | ryanhickman84@gmail.com | to be used for future annual report not | ification) |
| For further information of | concerning this matter, please co | | incariony |
| Ryan Hickman | | 386 795-3320 | |
| Name o | of Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration | | <u>Street Address:</u> Registration Se | ection |
| Division of C | Corporations | Division of Cor | rporations |
| P.O. Box 632 | 27 | The Centre of 7 | Fallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida Insurance Inspections & Surveying LLC | |
|--|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number L21000241607 | were filed on May 24, 2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| FL Insurance Reports LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity 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) | 709 Saybrade St Port Orange fl 32127 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2023 JAN STORET |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | tante i minu arcei uuurtas |
| | , 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 | <u>Name</u> | Address | Type of Action |
|-------|------------------|----------------------|----------------|
| 4MBR | Kortrina Hickman | 709, Saybrok St rise | → pxxdd_ |
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| | | | □Change |
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| | | | □Change |
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| Signature of a member or authorized representative of a member | October 06 2022 Dated | October 06 | \sim | 2022 | | | |
| | .1/1/ | | 1/1/ | | | | |
| | Signature of a member or authorized representative of a member | <u>*</u> * | Signature | of a member or author | nzed representative o | f a member | |
| Dyan Hickman | Ryan Hickman | | | | | | |

Filing Fee: \$25.00