Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING INSURANCE PARTNERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

JUL 1 U 2024

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Help

NAME RESERVATION LETTER IS ATTACHED

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June 10, 2024

CAPITOL SERVICES

The name KING RISK PARTNERS, LLC has been reserved for 120 days beginning June 7, 2024. The reservation number is R24000000133 and this reservation is NONRENEWABLE.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filled as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lanham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (850) 488-9000, the Name Availability Section

Genesis R Kersey

Letter number: 424A00012498

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240002326873

KING INSURANCE PARTNERS, LLC		18. 6 1
(Name of the Limited Liability Company as it now appear: (A Florida Limited Liability Company)	on our records.)	7.5
The Articles of Organization for this Limited Liability Company were filed on	07/08/2021	and assigned
Florida document numberL21000314489		6
This amendment is submitted to amend the following:		<u> </u>
A. If amending name, <u>enter the new name of the limited liability company he</u>	<u>re</u> :	
King Risk Partners, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the a	obreviation "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)		.4.**
B. If amending the registered agent and/or registered office address on our re	cords, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address here:		
Name of Nam Boundary Agonts		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
Enter Flori	ida street address	
	171	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove □Change □Add
			. □ Change C
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## Page 2 of 3

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WARLACK	
Signature of a member or authorized representative of a member	<del></del>
W. Wilhelm Rabke	

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