

121 000 392 9 55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

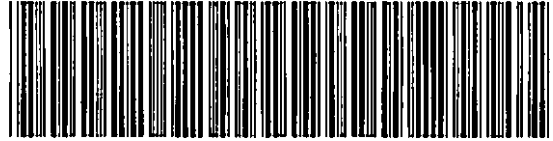
(Business Entity Name)

(Document Number)

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2021 SEP 17 AM 7:39

O SIMMONS  
SEP 28 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Michael Haun Insurance Group, LLC

\_\_\_\_\_  
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:

Michael Haun

\_\_\_\_\_  
Name of Person

Michael Haun Insurance Group, LLC

\_\_\_\_\_  
Firm/Company

4545 NW 3rd Court

\_\_\_\_\_  
Address

Plantation, FL 333317

\_\_\_\_\_  
City/State and Zip Code

smhaun12@att.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Haun

954

559-5521

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2021 SEP 17 AM 7:39

Michael Haun Insurance Group, 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 09/02/2021 and assigned  
Florida document number L21000392955

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 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*

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

2421 SEP 17 AM 7:39

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Haun	4545 NW 3rd Court	<input checked="" type="checkbox"/> Add
		Plantation	<input type="checkbox"/> Remove
		FL 33317	<input type="checkbox"/> Change
MGR	Susanna M. Haun	4545 NW 3rd Court	<input type="checkbox"/> Add
		Plantation	<input type="checkbox"/> Remove
		FL 33317	<input checked="" type="checkbox"/> Change
AMBR	Susanna M. Haun	4545 NW 3rd Court	<input checked="" type="checkbox"/> Add
		Plantation	<input type="checkbox"/> Remove
		FL 33317	<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please change the Manager of the LLC to Michael Haun, who is the President of the LLC and the Registered

Agent so that his name will appear as the Owner in Sunbiz. Susanna Haun was meant to be added as an

Authorized Member, not the Manager of the LLC, she is only listed should something happen to Michael Haun

she can make any changes as necessary.

09/07/2021 11:17:39

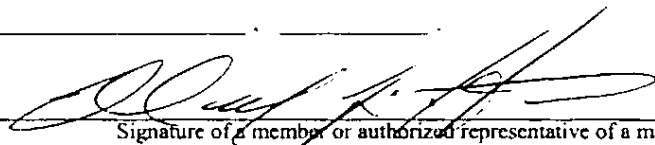
**E. Effective date, if other than the date of filing:** 09/02/2021 **(optional)**

(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 filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/07/2021



Signature of a member or authorized representative of a member

Michael Haun

Typed or printed name of signee