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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF BTATE OF CORPORATIONS
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T. MATTHEWS APR 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

	SION SPECIALIST, 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	ndence concerning this matter	to the following:	
	VICKI TAYLOR		
		Name of Person	
	GEM INSURANCE LLC		
		Firm Company	
	4131 SOUTHSIDE BLVD	STE 109	
		Address	
	JACKSONVILLE, FL 322	116	
		City/State and Zip Code	
	VICKI@GEM1.NET		
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
VICKI TAYLOR		904 424-6822	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy codditional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE OLIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION OF 22 MAR 31 PM 3: 27

C&C FROSION SPECIALIST LLC

CAC ENGSION SEECIMEST, LEC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000037083	were filed on 01/19/2022 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:
The new name must be distinguishable and contain the words "Limited Liabi	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)	
Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX)	POBOX 1712 32063
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR WILLIAM C DAVIS		5829 LONG BRANCH CEMETERY ROAD	■Add
		JACKSONVII.LE, FL 32234	□Remove
			□Change
			□Add
			🔲 Remove
			□Change
			□Remove
			□Change
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BIÉLY MCCORMICK		Typed or printed	name of signee		

Filing Fee: \$25.00