L22000039288

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2022 HAY 19 PH 3: 44
SECRETARY OF STATE
TALLAHASSEE, F

2022 MAY 19 PM 3:29

A. BUTLER MAY 19 2022

COVER LETTER

· TO:

| | of Corporations | | |
|---------------------------------|--|--|---|
| Omi | | | • |
| SUBJECT: | Name of Li | mited Liability Company | <u> </u> |
| | | | |
| The enclosed Arti | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. Feturn all correspondence concerning this matter to the following: Justice N Chuku Jr. Name of Person Omit Risk Insurance Advisory LLC Firm/Company 6000 Metrowest Blvd STE 200 Address Orlando, FL 32835 City/State and Zip Code chukuchukuachuku@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: N Chuku Jr. 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20 | | |
| Please return all c | orrespondence concerning this matte | er to the following: | |
| | Justice N Chuku Jr. | | |
| | | Name of Person | |
| | Omit Risk Insurance Adv | visory LLC | |
| | | Firm/Company | |
| | 6000 Metrowest Blvd ST | TE 200 | |
| | | Address | |
| | Orlando, FL 32835 | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | |
| | | | |
| For further inform | | · · | neation) |
| | - | | |
| | | at () | |
| | Name of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a chec | k for the following amount: | | |
| ■ \$25.00 Filing | - | Certified Copy | Certificate of Status & Certified Copy |
| Registra Division P.O. Bo | ation Section n of Corporations ox 6327 | Registration Se Division of Cor The Centre of T 2415 N. Monro | porations 'allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED

Omit Risk Insurance Advisory LLC

2022 HAY 19 PM 3: 44

| (A Florida Limited L | ny as it now appears on our records.) SECRETARY OF STATE JALLAHASSEE, FL |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000039288</u> | were filed on 01/20/2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 6000 Metrowest Blvd STE 200 |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, F1, 32835 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6000 Metrowest Blvd STE 200 Orlando, FL 32835 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| None Dominton A Anna C. Cinna | 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 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: Coptional Coptional | - | |
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| Justice N Chuku Jr | | Signature of a member or authorized representative of a member |
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