h 22 0000 61525

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08/30/22--01018--007 **25.00



October 4, 2022

KAREN L CLOUTIER KAREN CLOUTIER INSURANCE LLC 13172 CALIENTE DR PUNTA GORDA, FL 33955

SUBJECT: KAREN CLOUTIER INSURANCE LLC

Ref. Number: L22000061525

We have received your document for KAREN CLOUTIER INSURANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of the articles of amendment was not included. Please complete and return.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Letter Number: 622A00022124

Sean Toner Director

www.sunbiz.org

COVER LETTER

Karen Clou	itie Insurance LLC			
SUBJECT:	Name of Litr	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:		
	Karen L Cloutier			
		Name of Person		
	Karen Cloutier Insurance I	LLC		
		Firm/Company		
	13172 Caliente Dr			
		Address		
	Punta Gorda, FL 33955			
		City/State and Zip Code		
	karencloutier0509@yahoo.			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Karen Cloutier		941 234-5027 at ()		
Name o	f Person	Area Code Daytim	e 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 S		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Corporations		

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

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION OF

The Action of Occasionation for this Limited Lightlite Common	1/4/	2022 and assigned
The Articles of Organization for this Limited Liability Compan	of were filed on	A (/ O C and assigned
Florida document number <u>L. XBO 0006/5</u> S	25	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	7:0 2
5		22 0
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Control of the control of Control		$\frac{3}{2}$ $\frac{1}{2}$
Enter new principal offices address, if applicable:		- -
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		30 2
Catan new malling address if applicables		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	a addrace an our records, ent	er the name of the new registered
s. If amending the registered agent and/of registered office and/or the new registered office address here:	e address on our records, end	er the name of the new registeree
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Discolato
	City	Florida 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>	<u>Address</u>	Type of Action
AMBR	Ronald O Cloutier	13172 Caliente Dr	≘ Add
		Punta Gorda, Fl 33955	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			☐Change
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If an effective date i Note: If the date	inserted in this block	late of filing: be specific and cann ck does not meet (the applicable s	of filing or more tha	(optional) n 90 days after filing. irements, this date	Pursuant to 605.0207 (will not be listed as t
document's errec	tive date on the Dep	partificing of State	s records.			
e record specifies rd is filed.	a delayed effective	date, but not an e	ffective time, at	: 12:01 a.m. on the	carlier of: (b) The	e 90th day after the
Dated 24		K (C	1022.			
			, =			
	;	Signature of a memb	er or authorized	representative of a m	ember	

Filing Fee: \$25.00