| h22000  | )127833                          |  |  |
|---|----------------------------------|--|--|
| (Requestor's Name)<br>(Address)   | 500387444755                     |  |  |
| (City/State/Zip/Phone #)  | 05/13/2201003023 <b>**</b> 25.00 |  |  |
| (Business Entity Name)  |                                  |  |  |
| (Document Number)   | <b>22</b><br>MMD                 |  |  |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | 22 MAY 13 AM                     |  |  |
|   | AM IO: 43                        |  |  |
|   |                                  |  |  |
| Office Use Only   | T. MATTHEWS<br>JUL 12 2022       |  |  |

I

# COVER LETTER

•

|        | Registration Section<br>Division of Corporations  | 1              |
|--------|---|----------------|
|        | Blue Sage Insurance LLC   | 1 3<br>5-      |
| SUBJEC |   | <u></u>        |
|        | me of Limited Liability Company   |                |
|        | osed Articles of Amendment and fee(s<br>.urn all correspondence concerning th<br>Brandon Palmer | Ŭ              |
|        |   | Name of Person |

Blue Sage Insurance LLC

Firm/Company

1971 W. Lumsden Road Suite 232

Address

Brandon, FL 33511

City/State and Zip Code brandonpalmer22@vahoo.com

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

For further information concerning this matter, please call:

Brandon Palmer

813 777-1967

Name of Person

at (\_\_\_\_\_ Area Code

Davtime 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 FELD SECRETARY OF STATE **OF**

DIVISION OF CORPORATION:

Blue Sage Insurance LLC

# 22 MAY 13 AM 10: 43

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

03/14/2022 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number 1.22000127833

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 "LLC."

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)

1971 W. Lumsden Road

Suite 232

Brandon, FL 33511

1971 W. Lumsden Road

Suite 232

Brandon, FL 33511

B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:

| Name of New Registered Agent:  | Brandon Palmer               |           |
|--------------------------------|------------------------------|-----------|
| New Registered Office Address: | 1971 W. Lumsden Road Suite   | 232       |
|                                | Enter Florida street address |           |
|                                | Brandon                      | , 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 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

\_ and assigned

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addec</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

•

| <u>Title</u> | <u>Name</u>    | Address   | <b>Type of Action</b> |
|--------------|----------------|---|-----------------------|
| AMBR         | Brandon Palmer | 1971 W. Lumsden Road Suite 232 Brandon, FL33511 | 🗆 Add                 |
|              |                |   | □Remove               |
|              |                |   |                       |
|              |                |   | 🗆 Add                 |
|              |                | <u> </u>  | □Remove               |
|              |                |   | □Change               |
|              |                |   | 🗆 Add                 |
|              |                |   | Псенюче               |
|              |                |   | □Change               |
|              |                |   | 🗆 Add                 |
|              |                |   |                       |
|              |                |   | □Change               |
|              |                |   | 🗆 Add                 |
|              |                |   | Пспюус                |
|              |                |   | □ Change              |
|              |                |   | 🗆 Add                 |
|              |                |   | 🗆 Remove              |
|              |                |   | Change                |

#### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (1.) Jpdate EIN information to show online: EIN # 88-1190520

2. Change Brandon Palmer status to "AMBR"

(3) Update address for business: 1971 W. Lumsden Road suite 232 Brandon, FL 33511

| <u> </u> |
|----------|
|          |
|          |
|          |
|          |
|          |
|          |
|          |
|          |
|          |
| <u> </u> |
|          |
|          |
|          |
|          |
|          |
|          |

#### E. Effective date, if other than the date of filing: \_

(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)? 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 \_\_\_\_

nitte Valmy

Signature of a member or authorized representative of a member

Nitra Palmer

Typed or printed name of signee