

h22 000201653

(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:

NOV 02 2022

A. LUNT

Office Use Only



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07/21/22--01014--003 **30.00

11/02/22--01014--003 **30.00

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
2022 NOV -2 AM 11:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2022

ANTONIOS ANDRIOLAS
FLC INSURANCE LLC
1515 BLACK ROCK TPKE STE 104
FAIRFIELD, CT 06825-4113

SUBJECT: LEGACY INSURANCE SERVICES LLC
Ref. Number: L22000201653

We have received your document for LEGACY INSURANCE SERVICES LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

Letter Number: 122A00021952

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FHC Insurance 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:

Antonios Andriolas
Name of Person

FHC Insurance LLC
Firm/Company

1515 Black Rock Turnpike Suite 104
Address

Fairfield, CT 06825
City/State and Zip Code

Tandriolas@FHCInsuranceLLC.com
E-mail address (Do not use for future annual report notification)

For further information concerning this matter, please call:

Antonios Andriolas at (203) 521-6868
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
CLERK OF DISTRICT COURT
DIVISION OF STATE

2022 NOV -2 AM 11:27

Legacy Insurance Services 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 04/28/2022 and assigned
Florida document number L22000201653.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLC Insurance LLC

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)

1515 Black Rock Turnpike
Suite 104
Fairfield, CT 06825

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:

Antoniios Andriolas

New Registered Office Address:

2000 PGA Blvd Ste 4440

Enter Florida street address

Palm Beach Gardens

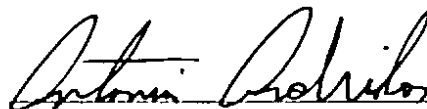
City

Florida 33408-2738

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

1515 Black Rock TWPk Suite 104 Add

_____ ☐ Change

_____ ☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

☐ Remove

[Change](#)

_____ ☐ Add

[Remove](#)

_____ ☐ Change

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_____ ☐ Change

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 NOV -2 AM 11:27

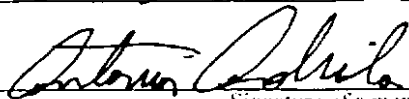
E. Effective date, if other than the date of filing: _____ (optional)

(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)(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 10-13, 2022



Signature of a member or authorized representative of a member

Antonio Andriolas

Typed or printed name of signee