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SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT

AUG 13 2023

HENDRICK, RASCOE, ZITRON & LONG, LLC

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

ATTORNEYS AT LAW

THE FORUM, SUITE 925

3290 NORTHSIDE PARKWAY, NW

ATLANTA, GEORGIA 30327

PHONE: (770) 559-5580 FAX: (404) 996-1246

Joan P. Nieland
jnieland@hrzllfirm.com
(770) 559-5589

July 5, 2023

Via Federal Express

PERSONAL & CONFIDENTIAL

Florida Department of State
Registration Section – Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

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2023 JUL -7 PM 1:12
U.S. DEPT. OF JUSTICE

Re: Articles of Amendment – Name Change

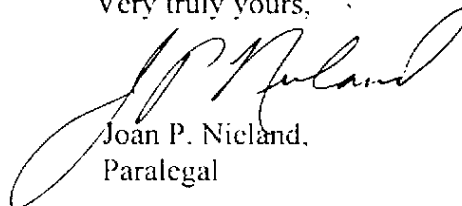
Dear Sir/Madam:

Enclosed please find the Cover Letter and Articles of Amendment to Articles of Organization of The Strength & Honor Agency, LLC changing the name to The Strength & Honor Insurance Agency, LLC.

A check in the amount of \$60 covering the filing fees, certified copy and status fees is also enclosed.

If you have any questions or need assistance, please feel free to call or email me.

Very truly yours,



Joan P. Nieland,
Paralegal

Enclosures

cc: Jeffrey M. Zitron, Esq.,
Andrea Burks

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Strength & Honor Agency, 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:

Jeffrey M. Zitron, Esq.
Name of Person

Hendrick, Rascoe, Zitron & Long, LLC
Firm/Company

3290 Northside Parkway, NW, Suite 925
Address

Atlanta, GA 30327
City/State and Zip Code

jnieland@hrzlfirm.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL -7 PM 1:12

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For further information concerning this matter, please call:

Joan P. Nieland at (770) 559-5589
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**

The Strength & Honor Agency, 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 December 31, 2022 and assigned Florida document number L22000207999.

This amendment is submitted to amend the following:

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

The Strength & Honor Insurance Agency, 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)

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:

New Registered Office Address:

Enter Florida street address

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRET
2003 JUL -7 PM 1:05
STATE
FL

2023 JUL -7 PM 1:12
SECRETARY OF STATE

SECRET
2023 JUL -7 PM 7:12
SECRETARY OF DEFENSE

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.

Dated July 3rd. 2023

Andrea P. Burks

Typed or printed name of signee

Filing Fee: \$25.00