L22000302708

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SECRETARY OF STATE CORPORATION

COVER LETTER

TO:	Registration Se Division of Cor					
CHDIC		ITY IST ENTERPRISES LLC	-	_{est} - the		
Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		JAMES E GOODWIN JR				
			Name of Person			
Firm/Company						
5800 SETON DRIVE						
			Address			
		MARGATE FL 33063				
		GOODWINJAMES360@G	City/State and Zip Code MAIL.COM			
		E-mail address: (to be used for future annual report no	tification)		
For furt	her information c	oncerning this matter, please ca	all:			
JAMES E GOODWIN JR		954 2746550 at ()				
_	Name o	f Person	Area Code Daytin	me Telephone Number		
Enclose	ed is a check for t	he following amount:				
□ \$ 25	5.00 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		Street Address:	ection		
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE

COMMUNITY IST ENTERPRISES LLC

2022 AUG -1 AM 9: 12 1

(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 07/06/2022	and assigned
Florida document number L22000302708		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
COMMUNITY IST INSURANCE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	6848 WEST ATLANTIC BLVD	
	MARGATE FLORIDA 33063	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	5800 SETON DRIVE	
	MARGATE FLORIDA 33063	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter th</u>	e name of the new registered
	Enter Florida street address	
	Flori	da Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is

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>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			🖸 Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□Remove
			□Change

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

Signature of a number or authorized representative of a member

Filing Fee: \$25.00