7/27/23, 2:37 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRUBBS INSURANCE LLC

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10L 28 2023 T. LEMIEUX TO:

Registration Section

COVER LETTER

Divis	ion of Co	rporations		
CLIPIESON		INSURANCE LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed /	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspe	indence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Adúress	<u> </u>
		Glendale, CA 91203		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		joeygrubbsbenefits@gmail.		
Dar freshar info		E-mail address: (oncerning this matter, please ea	to be used for future annual report notif	fication)
		oncerning this matter, prease ca		
Cheyenne Mo:			800 773-0888 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fili	ng 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURID Registration Section Division of Corpora Clifton Building 2661 Executive Cen	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUBBS INSURANCE LLC		
(Name of the Limite	ed Liability Company as it now appears on our record (A Florida Limited Liability Company)	ds.)
The Articles of Organization for this Limited Li- lorida document number L22000340258	ability Company were filed on 08/02/2022	and assigned
his amendment is submitted to amend the follo	owing:	
a. If amending name, enter the new name of	the limited liability company here:	
the new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREET	T ADDRESS _I	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E	BOX)	
 If amending the registered agent and/o egistered agent and/or the new registered off 		ls. enter the name of the n
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Fiorida street addre	lorida
	City	- Zip Ende
icw Registered Agent's Signature, if changing Re	egistered Agent:	12

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>	Address	Type of Action
AMBR	Carolyn Kramer-Grubbs	525 Taylor Rd., Monticello FL 32344	B Add
			□ Remove
			Change
			□ Remove
			Change
		 	D Add
			Remove
			Change
			D Add
			□ Remove
			☐ Change
			C Remove
			Change
			☐ Remove
			Change

Effective date, if other than the date of filing:	if other than the date of filing:	-	
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Filing Fee: \$25.00