

L22000521133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

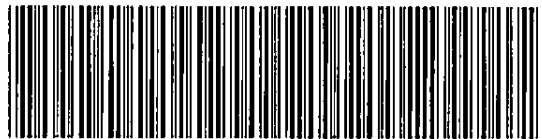
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/18/24--01019--001 \*\*30.00

APPROVED  
FILED

2024 MAR 18 PM 9:23

MAR 22 2024

K. Brumley

111 N RAILROAD ST  
GROESBECK, TX 76642



PHONE: 254.729.8002  
FAX: 254.729.8069

ATTN: Kyle Brumbley

March 3, 2024

Region Code 3287

Attn : Kyle Brumbley  
Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Ref: Amendment Application for Name Change**

Dear Sir/Madam:

We are filing the following documents on behalf of 1985 LLC

The items checked below are enclosed.

☒ Certificate of Amendment Application  
X Check # \$30.00

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Kristie Washington*

Kristie Washington  
Specialist, Annuals & Corporates  
Resource Pro  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6164  
Fax: 254.729.8069  
Email: [kwashington@ilsainc.com](mailto:kwashington@ilsainc.com)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1985 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:

Kristie Washington  
\_\_\_\_\_  
Name of Person

Resource Pro  
\_\_\_\_\_  
Firm/Company

111 N. Railroad St.  
\_\_\_\_\_  
Address

Groesbeck, TX 76642  
\_\_\_\_\_  
City/State and Zip Code

garrett@muntzfinancial.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristie Washington      254      729-6164  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

1985 LLC

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

2024 MAR 18 PM 9:23

FILED

The Articles of Organization for this Limited Liability Company were filed on 12/12/2022 and assigned  
Florida document number L22000521133.

This amendment is submitted to amend the following:

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

1985 Insurance Solutions 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*

\_\_\_\_\_, 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 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**

[illegible]

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(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)

**Filing Fee: \$25.00**