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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190 : (844)449-3624

Fax Number : (512)597-0678

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

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

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Page Count	04
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OCT 07 2024

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Insurance X LLC	
(<u>Name of the Limited Llability Company as it u</u> (A Florida Lumited Lubility C	ombank) ombank)
The Articles of Organization for this Limited Liability Company were fil	ed on 12/23/2022 and assigned
Florida document number 1.22000536226	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ipany here:
The new name must be distinguishable and contain the words "Latituded Liability Compa	my." the designation "LLC" or the abbreviation "4. L.C."
Enter new principal offices address, if applicable:	2024
Principal office address MUST BE A STREET ADDRESS)	C1 11
Enter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	3 <u>N</u> 32
	
3. If amending the registered agent and/or registered office ad- registered agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name of the ne
New Registered Office Address:	
	Enter Floridastreet address
City	Florida

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

Page: 3 of 4

<u>Title</u>	Name	Address	Type of Action
AMBR	David Lopez		
		315 MYRTLE AVE ALBANY, NY 12208	■ Remove
		***************************************	☐ Change
AMBR	Carlton Agudosì	76 Winston Drive Somerset, NJ 08873	■ Add
			□ Remove
			□ Change
			Add
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Page: 4 of 4	2024-10-05 10:43:30 UTC÷14	18506176383	From: ZenBusiness U
). If amonding any other info	ormation, enter change(s) here: (Attoch ad	lditional sheets, if necessary.)	
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	amana, kapatita ka na Amerika na P itana ta na kababa sa kapata ka kamanin a n <u>a perenda</u> ka mara ka	- A	
	angan mere a pamengangangangangangangangangangangangangan		
· · ·	<u> </u>		
A-17 _ 1001 & A-17/17/1			***************************************
A44			
	<u> </u>		

E. Effective date, if other that	the date of filing:	tontional)	
(If an effective date is listed, the dat Note: If the date inserted in the	n the date of filing: c must be specific and cannot be prior to date of filing on is block does not meet the applicable statutory	or more than 90 days after filing.) Pr	orsuant to 695,9207 (3)(b) ill not be fisted as the
	he Department of State's records.	respectively, the same is	in the first divine
If the record specifies a del (b) The 90th day after the	ayed effective date, but not an effective record is filed.	ve time, at 12:01 a.m. or	n the earlier of:
2	a		
Dated September 30	. 2024		
/s/ Justin Goodwi	n		
APRILITA CALL PROPERTIES AND STREET FOR BARBON MICH. PROPERTIES	Signature of a member or authorized represent	stive of a member	
Jostin Goodwin			
	Typed or printed name of signi-	ce	

To:

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Filing Fee: \$25.00