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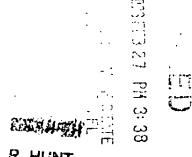
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R. HUNT 02/27/23

COVER LETTER

TO:	Registration Se Division of Cor			
CHIDAE		Ranew Insurance, LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	eturn all correspo	ndence concerning this matter	to the following:	
		John R. Kancilia, Esq.		
			Name of Person	
		WhiteBird, PLLC		
			Firm/Company	
		2101 Waverly Place, Suite	100	
		·	Address	- 1 NO p-
		Melbourne, Florida 32901		,"`` t*i
		jkancilia@whitebirdlaw.com	City/State and Zip Code	PA 3: 32
		E-mail address: (to be used for future annual report notificatio	n) rrj 🗴
For fur	her information c	oncerning this matter, please c	all:	
John R	. Kancilia, Esq.		321 327-5580 at ()	
	Name o	f Person		phone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$23	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 Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fallace and Ranew Insurance, LLC		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on January 20, 2023		
Florida document number L23000028861	·	
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
SAACJR, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviátíon "L.L.C."
		iji (1
Enter new principal offices address, if applicable		- 12 - 1 · ·
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	
	<u> </u>	本 で
Enter new mailing address, if applicable:	_	E 80
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter the namere</u> :	e of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer riorida sireel adaress	
_	Florida	
	Cin	Zin 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
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notive date, if other than the date of filings	(antional)
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.026
cord specifies a delayed effective date, but not an effective time, at 12:01 as filed.	·
ed Fehruary 22, 2023. Signature of a member or authorized represent	
1 anill	

E''' E 635.00

Typed or printed name of signee