L23000037543

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(December Name to a)
(Document Number)
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor	rations					
SUBJECT:	TL PR	<mark>∞(u c−</mark> me of Limite	HS aince ed Liability Cor	d Servi	<u>دود</u> ر	LLC
The enclosed Articles of An	nendment and feet:	s) are submi	itted for filing	. .		
Please return all corresponde	ence concerning th	iis matter to	the following	<u>;</u> :		
		Th	Name of I	langle Person S	4	·
	, 	T	PROdi Firm/Con	<u>cts a:</u>	nd Sv	cs, UC
	18	42 N	Dead ha	am Rd	<u>. </u>	
-	Info (POPL BTL R	Ca F City/State and rodu Cd be used for fun	Zip Code S v' C S ure annual report	2712 10. co	em_
For further information conc						
Tim Lav Name of Pe	~ 0 1 - 0 - 1 27.50 - 1	<u></u>	at (<u>40</u> Area	Code Day	1-129 time Telepho	one Number
Enclosed is a check for the f	ollowing amount: □ \$30.90 Filing F Certificate of		S55.00 Fi Certified (additional			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp				Street Address Registration Division of O	Section	ons

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 AUG 25 PH 12: 29

(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	18.)
The Articles of Organization for this Limited Liability Compa	my were filed on 01-20-	2023 and assigned 77
Florida document number L 23 0000 37543		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Smart Choice Insurance The new name must be distinguishable and contain the words "Limited Lie	and Financial SVC ability Company," the designation "LLC	CS Group 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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	oridaZip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
l hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		

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>	<u>Address</u>	Type of Action
MGR	Thy N Langley	801 West State Rd 4 STE 2151 PMB 1066 AT FL 32714.	36 Zadd tamerel-c Springs;
			□Change
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Page 2 of 3

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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 18 . 2024. Classification of a member of a member of a member of a member of a member.
	- Chanfargley