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COVER LETTER

TO: R	egistration ivision of C	Section orporations		
SUBJECT	SHANE	LINDSAY INSURANCE LLO	С	
		Name of L	imited Liability Company	
The enclose	ed Articles (of Amendment and fee(s) are s	submitted for filing	
		pondence concerning this matt		
		DONALD E COOVERT	Γ	
			Name of Person	
		VENTURE MANAGEM	IENT	
			Firm/Company	
		12421 SW SHERI AVE		
			Address	-
		LAKE SUZY, FL 34269		
		DECOOVERT@AOL.CO	City/State and Zip Code	
			(to be used for future annual report no	
For further in	nformation c	concerning this matter, please of		tification)
DONALE E	CCOOVER	Т	941 235-8721	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 Fi	ling 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)
Regi Divi P.O.	ng Address stration So sion of Co Box 6327 hassee, Fl	ection prporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHANE LINDSAY INSURANCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/13/2023}{1}$ Florida document number 1.23000128440 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHANE LINDSAY INSURANCE AGENCY LLC The new name must be distinguishable and comain the words "Limited Liability Company," the designation "L.C." 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

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>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date of filing:	(option	al)
effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable	e of filing or more than 90 days after fil	ing.) Pursuant to 605.1
ment's effective date on the Department of State's records.	, ,	
ord specifies a delayed effective date, but not an effective time, a	1 12:01 a.m. on the earlier of: (b)	The 90th day after
filed.		
10/6 2023		
Shane Lunday Signature of a member or authorized		
Shane Linday	The state of the s	