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A. PARISHANI
Ser 3 0 2023

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ASSUrance	e. Secur	1+4 Planning ted Liability Company	LLC	
Sensite I. Joyn II.	Name of Limi	ted Liability Company	~	
			.023	
The enclosed Articles of Amendme	nt and fee(s) are subr	nitted for filing.		
Please return all correspondence co	ncerning this matter t	to the following:		
	Justa W	199115 Name of Person	2023 SEP 14 AM 10:31	
<u>A</u>	15urance	Security Pla	anning	
24	3 Carl B	rinkley Circle		
	Daytona B	City/State and Zip Code	 	
+11	ha Coales 9. E-mail address: (t	6 o quail, COM o be used for future annual report not	ification)	
For further information concerning	this matter, please ca	ill:		
Typsin Wiggin Name of Person	<u>s</u>	at (386) 307 Area Code Daytin	- 500 9	
Enclosed is a check for the following	_			
	.00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporation	ons	<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 6327	×	The Centre of		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3-00-0003 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L 23000 139 59</u>6. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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

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
MGR	Dwayne Williams	1381 N. Clyde Morris Blud 200 Daytona Buh, 7130117	4 DAdd
			□Remove
		 .	□Change
MGR	Edwin Wiggins	243 Carl Brinkley Circle Daytona Bun, 7130117	Add
			Remove
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ective date, if other than the date of filing: neffective date is listed, the date must be specific and cannot be prior to	Jan 66lin Alan	(optional)	
te: If the date inserted in this block does not meet the applical	ble statutory filing requir	ements, this date will	not be listed a
rument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective tin s filed.	ne, at 12:01 a.m. on the e	arlier of: (b) The 90t	h day after the
- Med.			
ed August 31 , 2023)		
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Signature of a perimber or author	>		

Filing Fee: \$25.00