L23000155656

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000407799020

21. 21.21 - 21.21 - 201 - • 21.11

7991773 -3 FN 4: 57

COVER LETTER

Division of Corporations		
SUBJECT: Elements	Of Insurance	UC
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.	
Please return all correspondence concerning t		2023
	Palleen Rolle Name of Person	
	Firm/Company	
3	Address Address	Hwy
	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code address: (to be used for future annual report notification)	
For further information concerning this matter,	please call:	
Callern Rolle Name of Person	at (321) 505 Area Code Daytime	C3) O Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee \$30.00 Filing Fee Certificate of St	e & \$55.00 Filing Fee & latus Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000188656</u> .	pany were filed on March 18, 263 and assigned
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	569 (2.4)
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>
	1
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5 7
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registe
Name of New Registered Agent:	Callem Rolle
New Registered Office Address:	3283 Old Dixic Hwy Enter Florida street address
	mins
New Registered Agent's Signature, if changing Registered Age	ent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
	,		Change
			☐Change
			E Remove S Change
			⊖Change
			□Add
	<i>Q</i> ·		□Remove
			□ Change
			□Add
			□Remove
			🗆 Change
			□Remove
			Change

	····			
	_		· · · · · · · · · · · · · · · · · · ·	
		···	· · · · · · · · · · · · · · · · · · ·	
				<u> </u>
<u> </u>				
	 		······································	·
	<u> </u>			
		-		
			 	
	<u></u>			
		•		•
-				
	<u> </u>	-	_ .	
<i>o</i>	an the date of filing:	of he prior to date of filing or n	optiona (optiona) nore than 90 days after filir	l) (g.) Pursuant to 605.020
fective date, if other than effective date is listed, the	date transitic abcenie and carms			E.,
fective date, if other th an effective date is listed, the ote: If the date inserted in	a this block does not meet th	he applicable statutory filir	ng requirements, this da	te will not be listed a
fective date, if other th in effective date is listed, the ote: If the date inserted in	this block does not meet the the Department of State's	he applicable statutory filir	ng requirements, this da	te will not be listed a
Tective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date o	n this block does not meet then the Department of State's	he applicable statutory filir records.	ng requirements, this da	te will not be listed a
Tective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date of the date of	a this block does not meet th	he applicable statutory filir records.	ng requirements, this da	ie will not be listed a
Tective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date of record specifies a delayed is filed.	n this block does not meet then the Department of State's	he applicable statutory filir records.	ng requirements, this da	te will not be listed a
Tective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date of record specifies a delayed is filed.	n this block does not meet then the Department of State's	he applicable statutory filir records.	ng requirements, this da	te will not be listed a
fective date, if other than effective date is listed, the ote: If the date inserted incument's effective date o	n this block does not meet then the Department of State's	he applicable statutory filir records.	ng requirements, this da	te will not be listed a
fective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date of record specifies a delayed is filed.	this block does not meet the the Department of State's effective date, but not an eff	he applicable statutory filir records.	on the earlier of: (b)	ie will not be listed a