

L23 000226161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

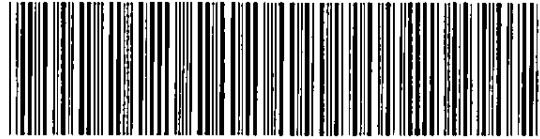
(Document Number)

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J. HORNE  
JUN 25 2024

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2024 JUN 23 PM 5:49

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JUN 25 2024  
FALLAHMAD & COMPANY

2024 JUN 25 PM 2:52

RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Alexander Peter Insurance, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

111 Ponderosa Avenue • Tallahassee, FL 32301

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ALEXANDER PETER INSURANCE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE MURPHY

Name of Person

HARDING BELL INTERNATIONAL, INC

Firm/Company

113 PONTOTOC PLAZA

Address

AUBURNDALE, FL 33823

City/State and Zip Code

BUSINESSSERVICES@HBITAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE MURPHY

863

968-1010 EXT 403

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

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

**Street Address:**

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**

FILED  
2024 JUN 25 PM 9:49

ALEXANDER PETER 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 4/14/2023 and assigned  
Florida document number L23000226767.

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip 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 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>                       | <u>Type of Action</u>                      |
|--------------|---------------------------|--------------------------------------|--|
| AMBR         | APWM ADMIN, LTD           | CHISLEHURST BUSINESS CENTRE          | <input checked="" type="checkbox"/> Add    |
|              |                           | 1 BROMLEY LANE, CHISLEHURST          | <input type="checkbox"/> Remove            |
|              |                           | KENT, UNITED KINGDOM BR7 6LD         | <input type="checkbox"/> Change            |
| AMBR         | JOHN ANDREW DAVIDSON      | 4740 CLEVELAND HEIGHTS BLVD, SUITE 5 | <input type="checkbox"/> Add               |
|              |                           | LAKELAND, FL 33813                   | <input checked="" type="checkbox"/> Remove |
|              |                           |                                      | <input type="checkbox"/> Change            |
| AMBR         | ALEXANDER PETER STOJKOVIC | 4740 CLEVELAND HEIGHTS BLVD, SUITE 5 | <input type="checkbox"/> Add               |
|              |                           | LAKELAND, FL 33813                   | <input checked="" type="checkbox"/> Remove |
|              |                           |                                      | <input type="checkbox"/> Change            |
|              |                           |                                      | <input type="checkbox"/> Add               |
|              |                           |                                      | <input type="checkbox"/> Remove            |
|              |                           |                                      | <input type="checkbox"/> Change            |
|              |                           |                                      | <input type="checkbox"/> Add               |
|              |                           |                                      | <input type="checkbox"/> Remove            |
|              |                           |                                      | <input type="checkbox"/> Change            |
|              |                           |                                      | <input type="checkbox"/> Add               |
|              |                           |                                      | <input type="checkbox"/> Remove            |
|              |                           |                                      | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 25 2024

Signature of a member or authorized representative of a member

STEPHANIE MURPHY

Typed or printed name of signee

**Filing Fee: \$25.00**