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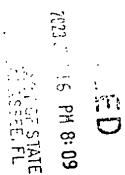
| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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R. HUNT 06/16/23

## **COVER LETTER**

TO:

Registration Section Division of Corporations

ASSUREHICKS INVESTMENTS LLC SUBJECT: 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: TERENCE HICKS Name of Person Firm/Company 9290 EAST ELM LANE Address MIRAMAR, FL 33025 City/State and Zip Code TMANNHICKS@YAHOO,COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TERENCE HICKS 786 897-7779 at ( Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ASSUREHICKS INVESTMENT   |  |   |
|--|--|---|
| (Name of the Lin   | nited Liability Company as it now appea<br>(A Florida Limited Liability Company) | rs on our records.)                           |
| The Articles of Organization for this Limited  |  | AY 16 2023                                    |
| Florida document number 900408864929   |  | and assigned                                  |
| This amendment is submitted to amend the fo  | llowing:   |   |
| A. If amending name, enter the new name  | of the limited liability company he  | ere:  |
|  |  |   |
| The new name must be distinguishable and contain the                                   | words "Limited Liability Company," the d   | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl   |  |   |
| (Principal office address MUST BE A STRE   | SSC P  |   |
|  |  |   |
|  |  | STATE<br>FL                                   |
| Enter new mailing address, if applicable:  |  | 111   |
| (Mailing address MAY BE A POST OFFICE  | E BOX)   |   |
|  |  |   |
| n le e   |  |   |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office address on our re  | ecords, enter the name of the new registers   |
| one a one had  | cas nere.  |   |
| Name of New Registered Agent:  | TERENCE HICKS  |   |
| New Registered Office Address:   | 9290 EAST ELM LANE   |   |
|  | Enter Flori  | da street address                             |
|  | MIRAMAR  | Florida <u>33025</u>                          |
|  | Ciţ  | ZinCode                                       |

## 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. Thereby 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | Address                               | Type of Action    |
|--------------|---------------|---------------------------------------|-------------------|
| AMBR         | TERENCE HICKS | 9290 EAST ELM LANE. MIRAMAR, FL 33025 | ■Add              |
|              |               |                                       | □Remove           |
|              |               |                                       | □Change           |
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|                         | TERENCI  | : HICKS                       |                           |                       |                         |           |                   |                     |             |                               |                                    |                         |   |                     |

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