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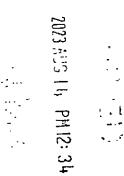
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COVER LETTER

TO: Registration Se Division of Cor				
Apex Insur	ance Advisors, LLC			•
SUBJECT:	Name of Lin	nited Liability Company		2(
)23 /
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		2023 AUS 14
Please return all correspo	ondence concerning this matter	to the following:		1, PH12: 34
	Krystal Dale			2: 3 ⁴
	-	Name of Person		_
	Apex Insurance Advisors,	LLC		
		Firm/Company		_
	1900 SE 18th Avc			
		Address		_
	Ocala, FL 34471			
	kdalc@apex-advisorsfl.com	City/State and Zip Code 1 (to be used for future annual report notif		_
For further information of	concerning this matter, please c	·	ication)	
Krystal Dale		352 461-6108		
Name o	f Person	Area Code Daytime	: Telephone Numbe	er
Enclosed is a check for the	he following amount:			
为,\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addres Registration 9		Street Address: Registration Sec	tion	
Division of Corporations		Division of Corp	porations	
P.O. Box 6327		The Centre of T	allahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ADTICLES OF AMENDMENT

AKTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Apex Insurance Advisors, 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 June 7, 2023 and assigned Florida document number <u>1.2300</u>0275845 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 City

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
Mgr	Kevin Keen	6202 NW 21st St	
		Ocala, FL 34482	□Remove
			□Change
Mgr	Collin Gilligan	3791 SE 49th St	Add
		Ocala, FL 34480	□Remove
			□Change
Mgr	Brandon Whiteman	3211 SE 18th CT	XAdd
		Ocala, FL 34481	
			☐ Change
			□Add
			rī⊃ ☐Remove
			☐ Change
			DbbA
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 8/10/3 (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 August 3 2023 nature of a member or authorized representative of a member Krystal Dale

Typed or printed name of signee