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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co	Section prporations	•	·
CIK INSU SUBJECT:	JRANCE GROUP, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	David Wallace		
		Name of Person	
	Dubow, Dubow & Wallac	ce	
		Firm/Company	
	215 North Federal Hwy		
		Address	
	Dania Beach, Fl 33004		
		City/State and Zip Code	
	david@ddwlaw.net	,	
For further information	concerning this matter, please c	to be used for future annual report not all:	meation)
David Wallace		954 925-8228	
Name	of Person	at () Area Code Daytim	ne 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 Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration Se Division of Cor	
P.O. Box 63:		The Centre of T	

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

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIK INSURANCE GROUP, 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 6/15/2023 Florida document number L23000290758	and as	signed
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	e abbreviation "L	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	023
	<u> </u>	33
	33	ر نا داد
Enter new mailing address, if applicable:	- 22	<u></u> i
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		_
	(G)	8
B. If amending the registered agent and/or registered office address on our records, enter the n agent and/or the new registered office address here:	ame of the ne	w registered
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 provisions of all statutes relative to the proper and complete performance of my duties, and I a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. (being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	m familiar wi Or, if this doc	th and ument is

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>	Name	Address	Type of Action
AMBR	ANCORA ADVISORS, LLC	187 SHADOW BROOK DR WARWICK, RI 02886	🗆 Add
			■Remove
			Change
			DAdd
			□Remove
			Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to y filing requirements, this date will not be	o 605.0207 (3) o listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 cord is filed.	a.m. on the earlier of: (b) The 90th day	after the
Dated August 16 , 2023		
J. I. Pa		

Filing Fee: \$25.00