

L23000374152 Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corporate@zkslawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPENHOUSE INSURANCE AGENCY, LLC

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AUG 20 2023

K. Brumbley

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2023 AUG 18 PM 3:47

FLORIDA
DIVISION OF CORPORATIONS
STATE

2023 AUG 18 PM 4:18
FILED

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPENHOUSE INSURANCE AGENCY, 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:

WILLIAM H. ROBBINSON, JR., ESQUIRE
Name of Person
ZIMMERMAN, KISER & SUTCLIFFE, P.A.
Firm/Company
315 E. ROBINSON STREET, SUITE 600
Address
ORLANDO, FLORIDA 32801
City/State and Zip Code
REGISTEREDAGENT@ZKSRASERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal
Name of Person 407 425-7010
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

OPENHOUSE INSURANCE AGENCY, 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 AUGUST 8, 2023 and assigned
Florida document number L23000374152

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OPENINSURANCE AGENCY, LLC

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:

315 E. ROBINSON STREET, SUITE 600

Enter Florida street address

ORLANDO

City

Florida

32801

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

APPROVED
AND
FILED
2023 AUG 18 PM 4:18
CLERK OF CIRCUIT COURT
IN AND FOR
DADE COUNTY
FLORIDA

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

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00