## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I1999000006 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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Help

## COVER LETTER .

TO:	Registration Si Division of Co			
SUBJEC		USE INSURANCE AGENCY.		
SOME		Name of Lin	nited Lubifity Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	undence concerning this matter	to the following:	
		WILLIAM H. ROBBINS	ON, JR., ESQUIRE	
			Name of Person	·····
	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			
		***************************************	MMERMAN, KISER & SUTCLIFFE, P.A.  Firm/Compeny  E. ROBINSON STREET, SUITE 600	
		ORLANDO, FLORIDA 3		
		E-mail address: (	to be used for future annual report not	(ication)
For furth	er information c	oncerning this matter, please c	all:	
Jessien S	Snyder, Corpora	ie Paralegai	407 425-7010	
***************************************	Name e	f Person	at () Area Code Daysin	e Telephone Number
Enclosed	is a check for II	ne following amount:		
<b>⊞</b> \$25.6	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 tadditional 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 AG						
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our r liability Company)	ecords.)		***	
The Articles of Organization for this Limited I	Liability Company	were filed on AUGUST 8	2023	and	assign	ed
Florida document number L23000374152					•	
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liabi	lity company here:				
OPENINSURANCE AGENCY, LLC						
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation	"LLC" or the al	breviation	"L.L.C	n
Enter new principal offices address, if appli	icable:					
(Principal office address MUST BE A STRE	ET ADDRESS)					
				•••••••	••••	
Enter new mailing address, if applicable:		***************************************	······································	Mashi		
(Mailing address MAY BE A POST OFFICE	E BOX)					
				***************************************	**********	
B. If amending the registered agent and/or	registered affice a	ddress an our records at	star tha nam	onf the	1.011 ma	المصدومات
agent and/or the new registered office addre	ess here:	adies on our records, g	ner me nan			Sisteren
				<u></u>	23 <b>P</b>	76.5
Name of New Registered Agent:	***************************************		***************************************		2023 AUG	<u>۽</u> ت پيسہ
New Registered Office Address:	315 E. ROBINS	ON STREET, SUITE 600			8	
		Enter Florida street a	ldress		24	
	ORLANDO		, Florida 32	80円生	<u>-</u>	
		Cin		Zip Coi	le =	

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

Title	Name	Address	Type of Action
			CAdd
		www	Remove
			Change
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•••••••••••			Li Add
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Filing Fee: \$25.00