



Office Use Only



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•		COVER LETTER			
TO: Registration So Division of Cor					
Takeit İnşu	irance LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Montgomery Linton				
		Name of Person			
	Takeit Insurance				
		Firm Company			
	204 Lake Pointe Dr #104				
		Address			
	Oakland Park, FL 33309				
•	monty@palsrealtylle.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
For further information c	concerning this matter, please ca	all:			
Montgomery Linton		954 830 2930			
Name o	t Person		· Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Capy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, l	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Takeit Insurance LLC		
(<u>Name of the Limited : lability Co</u> (A Florida Lim	onapany as it now appears on our records.) nted Liability Companyi	
ne Articles of Organization for this Limited Liability Comp	pany were filed on January 31, 2024	and assigned
orida document number L24000058819		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lingited	liability company here:	
edoit Insurance LLC		
new name must be distinguishable and comain the words "Limited l	Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
ter new principal offices address, if applicable:	204 Lake Pointe Dr #104	
incipal office address MUST BE A STREET ADDRESS	Oakland Park, Fl. 33309	3
		ယ္
ter new mailing address, if applicable:	<u>-</u> -1 -	 ယ
ailing address MAY BE A POST OFFICE BOX)		
	1 / 1 / /	
If amending the registered agent and/or registered off	fice address on our records, enter the n	ame of the new register
ent and/or the new registered office address here:		
Name of New Registered Agent N/A		
rune or then regioning regul		
New Registered Office Address:		
	Enter Clesida street uddress	
	, Florida	
 : 	Chr	Zir Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
			Change 1
			{∐Remove
			L Change
			Add
			∐Remove
			□ Change
			= Add
			□Remove
			Change
			Add
		<u></u>	URemove
			Change
			□Remove
			Change

fective date, if other than the date of filing: (optional) In efficience date is listed, the date must be specific and cause be prior to date of filing or more date 90 days after filing.) Pursuant to 05:020 days (if the date inserted in this block does not exert the applicable stantory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord specifies a delayed effective care, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the is filed. March 12, 2024				
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Typed or printed name of signee