

L24 0000060010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

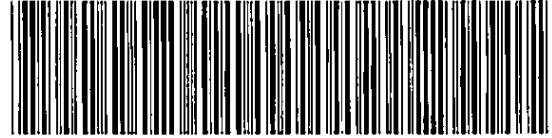
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TALLAHASSEE, FLORIDA

DISPATCH

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** National Insurance Management, 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:

Kerry Heitz

\_\_\_\_\_  
Name of Person

National Insurance Management, LLC

\_\_\_\_\_  
Firm/Company

1313 NW 167th Street

\_\_\_\_\_  
Address

Miami Gardens, FL 33169

\_\_\_\_\_  
City/State and Zip Code

kheitz@uaig.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Rainey

850 294-8859  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 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

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(n.our records.)

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TALLAHASSEE, FL  
05/2024

02/05/2024

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

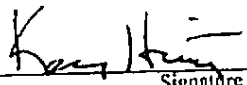
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Not Applicable

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 19, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Kerry Heitz

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**