## L24000072686

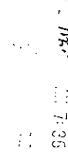
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/08/24--01024--003 \*\*25.00



13/08/24

## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Co	rporations		
SUBJECT:	ALLEGIA	NCE ROYALTY AGENCLY	LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ali correspo	ondence concerning this matter	to the following:	
		MARITZA VELEZ		
		<del></del>	Name of Person	
			Firm/Company	
		4716 NW 6TH CT		
			Address	
		PLANTATION FL 33317		
		MVELEZ691@GMAIL.CO	City/State and Zip Code DM	
		E-mail address: (	to be used for future annual re	port notification)
For further in	iformation c	oncerning this matter, please c	all:	
MARITZA V	/ELEZ			7955
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	ling Addres	Section		ion Section
עוכו	ision of C	orporations	Division	of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLEGIANCE ROYALTY AGENC				
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our r Liability Company)	ecords.)	
he Articles of Organization for this Limited Lia	bility Company	were filed on 02/08/2024		and assigned
orida document number L24000072686		<del></del>		
nis amendment is submitted to amend the follow	wing:			
If amending name, enter the new name of	the limited liab	oility company here:		
ALUE CARE INSURANCE AGENCY LLC				
ne new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	"LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	5911 CLYSDESDALE P	LACE	19
Principal office address MUST BE A STREET		ORLANDO FL 32822		- h
			٠.	Ē
nter new mailing address, if applicable:		5911 CLYDESDALE PL	ACE	
failing address MAY BE A POST OFFICE B	OX)	ORLANDO FL 32822	<u>:</u>	~-! 
			i.,	on a
If amending the registered agent and/or regent and/or the new registered office address	here:		nter the na	me of the new regis
Name of New Registered Agent:	MARITZA VE	LEZ		
New Registered Office Address:	5911 CLYDES			
		Enter Florida street a	ddress	
	ORLANDO	·····	_, Florida <u>_</u>	
		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 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

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
<del></del>			
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
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			□Change
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			□Remove
			Change
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			Remove
			□ Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:    O7/26/2024	<del></del>	
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