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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Insurance	By LR, LLC		
	Name of Lim	ited Liability Company	
		•	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Svetlana Rabinovich		
		Name of Person	
	Insurance By LR, LLC		
	······································	Firm/Company	
	609 NE 14th Avenue, Apt	401	
	007110111111111111111111111111111111111	Address	
	Hallandala Danak IVI 220	00	
	Hallandale Beach, FL 330	City/State and Zip Code	<u> </u>
	insurancebylr@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Svetlana Rabinovich		at (954) 477-9099	
Name	of Person		me 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 Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Insurance By LR, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our re rida Limited Liability Company)	cords.)
	y Company were filed on April 1, 2024	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
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 AD	DRESS)	<u>~2</u>
		——————————————————————————————————————
		·····································
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
D. If any distance and a second secon		중 6
agent and/or the new registered office address her		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The memory of the designation "LLC" or the abbreviation "LLC" or the abbrev		
	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
provisions of all statutes relative to the proper an accept the obligations of my position as registered	d complete performance of my dutie. d agent as provided for in Chapter 6 tered office address, 1 hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is

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> Fitle</u>	Name	Address	Type of Action
Мдт	Svetlana Rabinovich	609 NE 14th Avenue, Apt 401 Hallandale Beach, FL	3. ■ Add
			_ DRemove
			_ Change
<u>.</u>	 		□Add
			🗆 Remove
			□Change
			🗆 Add
			Remove
			_ Change
			🖸 Add
			□Remove
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lote:	ve date, if other than the date of filing:
record is fil	d 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 ed.
ated	April 19th , 2024
	PAOCE -
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00