

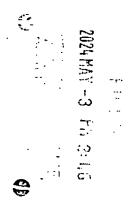
| (Requestor's Name) |
|---|
| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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05/09/24-01020-010 **25.00



COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| AJ SUBJECT: | Z Insurance Sevices LLC | | | | |
|-------------------------------|--|---|--|--|--|
| 30bJEC1 | 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: | | | |
| | Nicole Champion | | | | |
| Name of Person | | | | | |
| | | Firm/Company | | | |
| | | | | | |
| | | Address | | | |
| Fairburn, Georgia 30213 | | | | | |
| | | City/State and Zip Code | | | |
| | nchamp521@gmail | .com to be used for future annual report not | itheution | | |
| For further information | concerning this matter, please c | · | incarion) | | |
| Nicole Champion | | 305 332-4459 | | | |
| Name | of Person | at () Area Code Daytiπ | ne 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 tadditional copy is enclosed) | | |
| Mailing Addre Registration | | Street Address: Registration Se | ection | | |
| - | Corporations | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AJZ Insurance Sevices LLC | |
|--|--|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) |
| he Articles of Organization for this Limited Liability Company | were filed on 4 5 2024 and assigned |
| lorida document number | į į |
| this amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liab | pility company here: |
| JAZE Insurance Services LLC | |
| he new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | . C. |
| | 202 |
| | |
| Inter new mailing address, if applicable: | · 7 |
| Mailing address MAY BE A POST OFFICE BOX) | ω - |
| mung waress mar be a rost of rice box | 3 3 |
| | |
| 3. If amending the registered agent and/or registered office | addrag on our monds and a file |
| gent and/or the new registered office address here: | address on our records, enter the name of the new regis |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| The Magistered Office Madress. | Enter Florida street address |
| | FL-23. |
| | , Florida |

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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| If an effect Note: I | re date, if other than the ctive date is listed, the date must fithe date inserted in this bint's effective date on the E | it be specific and ock does not r | I cannot be prior t neet the applica | o date of filing or oble statutory fili | nore than 90 days af | otional) ter filing.) Pursuant to his date will not be | o 605.0207 e listed as |
| e record ord is file | specifies a delayed effectived. | e date, but not | an effective tir | ne, at 12:01 a.m. | on the earlier of: | (b) The 90th day | after the |
| Dated | April 29 | | 2024 | · | | | |
| _ | | | | | | | |
| Dated_ | | | 2024 | | | | |