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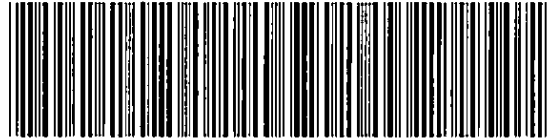
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LYS Insurance Agency, 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:

Lourees Hernandez  
Name of Person

LYS Insurance Agency, LLC  
Firm/Company

2941 Crosley Dr. W., Unit G  
Address

West Palm Beach, FL 33415  
City/State and Zip Code

Lourdess328@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lourees Hernandez at (551) 223-3854  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LYS Insurance Agency, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 14, 2024 and assigned Florida document number L24000223460.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Louderes Hernandez

New Registered Office Address:

2941 Crosley Dr. W., Unit G

Enter Florida street address

West Palm Beach

City

Florida

33415

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.*

Louderes Hernandez  
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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Please remove Name and address, noted in Article III as registered Agent.

Please replace with info provided herewith.

effective immediately.

Thank you

Lourdes Hernandez

F. 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

June 25, 2024.

Lourdes Hernandez

Signature of a member or authorized representative of a member

Lourdes Hernandez

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L24000223460  
FILED 8:00 AM  
May 14, 2024  
Sec. Of State  
vherring

**Article I**

The name of the Limited Liability Company is:

LYS INSURANCE AGENCY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

2941 CROSLEY DR W UNIT G  
WEST PALM BEACH, FL. US 33415

The mailing address of the Limited Liability Company is:

2941 CROSLEY DR W UNIT G  
WEST PALM BEACH, FL. US 33415

**Article III**

The name and Florida street address of the registered agent is:

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL. 32801

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TREVOR ROWLEY

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
LOURDES HERNANDEZ  
2941 CROSLY DR W UNIT G  
WEST PALM BEACH, FL. 33415 US

**L24000223460**  
**FILED 8:00 AM**  
**May 14, 2024**  
**Sec. Of State**  
vherring

Signature of member or an authorized representative

Electronic Signature: LOURDES HERNANDEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.