

6/27/24 9:56 AM

Division of Corporations

L24000280389

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA LOSS MANAGEMENT LLC

Certificate of Status	0
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K. SALY

JUN 28 2024

**COVER LETTER**

(((H24000221727 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA LOSS 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:

**LOVETTE DOBSON**  
Name of Person  
  
Firm/Company  
  
17350 STATE HWY 249 #220  
Address  
  
HOUSTON TEXAS 77064  
City/State and Zip Code  
  
EFILE1234@INCFILE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LOVETTE DOBSON** at ( **8884623453** )  
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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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

((H24000221727 3))

FLORIDA LOSS MANAGEMENT LLC

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

FILED  
2024 JUN 27 AM 3:15  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/20/2024 and assigned  
Florida document number L24000280389

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: 110 Spirit Lake Rd  
Ste 4  
Winter Haven, FL 33880  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 110 Spirit Lake Rd  
Ste 4  
Winter Haven, FL 33880  
*(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*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:

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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William Ross	110 Spirit Lake Rd	<input type="checkbox"/> Add
		Ste 4	<input type="checkbox"/> Remove
		Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE COUNTY  
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