L24 000293440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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8/15/2024

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Renew Insurance 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:

David Salkowski
Name of Person

LA Insurance
Firm/Company

400 Hamilton Row, Ste 200
Address

Birmingham, MI 48009
City/State and Zip Code

d.salkowski@lainsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Kejbou at (248) 506-0587
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2024

DAVID SALKOWSKI
400 HAMILTON ROW
SUITE 200
BIRMINGHAM, MI 48009

SUBJECT: RENEW INSURANCE, LLC
Ref. Number: L24000293442

We have received your document for RENEW INSURANCE, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- The current name of the entity is as referenced above. Please correct your document accordingly. ✓
- The person designated as registered agent in the document and the person signing as registered agent must be the same. ✓
- Please correct the signature of the authorized representative or member signing the document. ✓

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 224A00016474

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2024 JUL 12 PM 6:05

Renew Insurance 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 6/25/2024 and assigned Florida document number L24000293442.

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: Debra Kejbou

New Registered Office Address: 16533 NW 57 Avenue
Enter Florida street address

Miami Gardens, **Florida** 33014
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.

Debra Kejbou

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

Title	Name	Address	Type of Action
MGR	Debra Kejbou	16533 NW 57 Avenue	■ Add
		Miami Gardens, FL 33014	☐ Remove
			☐ Change
AMBR	Mariza Gomez	16533 NW 57 Avenue	☐ Add
		Miami Gardens, FL 33014	■ Remove
			☐ Change
AMBR	Anthony Yousif	400 Hamilton Row, Ste 300	■ Add
		Birmingham, MI 48009	☐ Remove
			☐ Change
MGR	David Salkowski	400 Hamilton Row, Ste 200	■ Add
		Birmingham, MI 48009	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. **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 August 6, 2024

Anthony Yousif

Signature of a member or authorized representative of a member

Anthony Yousif

Typed or printed name of signee

Filing Fee: $25.00