

L240000304512

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000035789 3)))



H250000357893ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MS' ACCOUNTING & TAXES CORP
Account Number : I20200000030
Phone : (786) 346-8844
Fax Number : (786) 502-3694

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
365 INSURANCE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

JAN 31 2025

FILED
2025 JAN 30 PM 5:18
FALLAHS

1-30-25
DIVISION OF CORPORATIONS
FALLAHS

Jan. 30. 2025 9:24AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 0337 P. 2
H25000035789 3

FILED

2025 JAN 30 PM 5:18

CLERK OF THE CIRCUIT COURT
HALLAHASSEE COUNTY, FLORIDA

365 Insurance Solutions 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 07/08/2024 and assigned
Florida document number L24000304512.

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: Kenyatta Lawery

New Registered Office Address: 5820 NW 17 PL

Enter Florida street address

Sunrise, Florida 33313

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.

Kenyatta Lawery

If Changing Registered Agent, Signature of New Registered Agent

H25000035789 3

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>
MBR	Nicolas Nascimento	8160 SW 3 ST	<input type="checkbox"/> Add
		N Lauderdale, FL 33068	<input checked="" type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2025 JAN 30 PM 5:18
CLERK OF DISTRICT COURT
JAN 30 2025

