

L24 000312375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

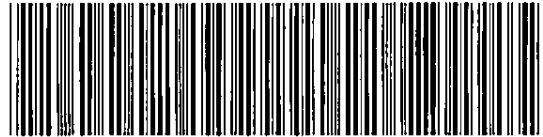
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATHFINDER 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:

Jordan A. Colosimo JR.

Name of Person

PATHFINDER INSURANCE AGENCY LLC

Firm/Company

179 Belle Grove Ln

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

jordan@pathfinderinsurancegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan A. Colosimo JR.

561

3459476

at ()

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

☒ ~~\$45.00 Filing Fee &
Certificate of Status~~
(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

2024 NOV -8 AM 9:30
REG. DIV. OF STATE
TALLAHASSEE, FL

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

PATHFINDER 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 July 15, 2024 and assigned
Florida document number L24000312375.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PATHFINDER INSURANCE GROUP LLC

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: 8005 Pelican Harbour Dr, Lake Worth, FL 33467
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 8005 Pelican Harbour Dr, Lake Worth, FL 33467
(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.

2024 OCT 18 AM 9:34
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SECRETARY OF STATE
TALLAHASSEE, FL

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> |
|--------------|------------------------|--|---|
| MGR | Jordan A. Colosimo Jr. | 179 Belle Grove Ln, Royal Palm Beach, FL 33411 | <input checked="" type="checkbox"/> Add |
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2021 NOV - 10 AM 08:34
SECRETARY OF STATE
TALLAHASSEE, FL

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Dated ~~22~~ November 05 2024

Signature of a member or authorized representative of a member

Joseph C. Alexandrescu

Typed or printed name of signer

2024 NOV -8 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FL

7-11-68

Filing Fee: \$25.00