L24000317062

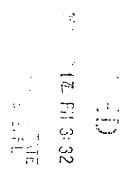
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COVER LETTER

	istration Se ision of Cor				
CUDIECT.	SUNSHIN	E STATE INSURANCE SPEC	CIALIST LLC		
SUBJECT:		Name of Lin	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		John Closterides			
		-	Name of Person		
		SUNSHINE STATE INSU	JRANCE SPECIALIST LI	LC	
			Firm/Company		
		250 Skywood Trl			
			Address		
		Ponte Vedra, FL 32081			
			City/State and Zip Code		
		jclosterides@gmail.com			
For further in	formation c	oncerning this matter, please c	to be used for future annual reall:	гроп пописаноп)	
John Closter	ides		630 870- at ()	-9163	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
	ling Addres		<u>Street Add</u> Registrat		
		orporations	_	Registration Section Division of Corporations	
P.O	. Box 632	7		tre of Tallahassee	
Tal	lahassee, I	·L 32314	2415 N.	Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE STATE INSURANCE SPECIALIST 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 17, 2024 and assigned Florida document number _L24000317062 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIRST FLORIDA INSURANCE 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: (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: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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
$\dot{A}MBR =$	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐Change
			□Remove
			□ Change
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove

Page 2 of 3

	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If the da	e, if other than the date of filing:
ne record sp The 90th (pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	John Closterides Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00