

M19 CCC CLO 9.27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

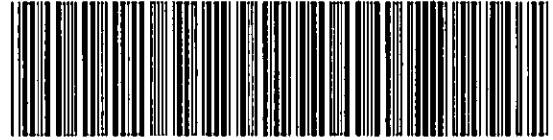
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/21 -- 01/31/22 -- 00.00 -- ++25.00

FILE
2021 DEC 20 14:15
9:11 02 DEC 2022

A. BUTLER
JAN - 5 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AAD GROUP OF DELAWARE, 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:

ANGELA DUNCAN

Name of Person

AAD GROUP OF DELAWARE, LLC

Firm/Company

10600 GRIFFIN ROAD A105

Address

COOPER CITY, FL 33328

City/State and Zip Code

ANGELA.DUNCAN@WEINSUREGROUP.COM

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

For further information concerning this matter, please call:

ANGELA DUNCAN

813
at ()

522-5568

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

202. DEC 20 11 1-51

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

1. DATE

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

10600 GRIFFIN ROAD A105

COOPER CITY, FL33328

PO BOX 340656

TAMPA, FL 33694

Enter Florida street address

City

Zip Code

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGELA DUNCAN	3690 W GANDY BLVD #461	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELA DUNCAN	10600 GRIFFIN ROAD A105	<input checked="" type="checkbox"/> Add
		COOPER CITY, FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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.

Angela Duncan
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00