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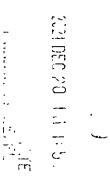
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## **COVER LETTER**

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OUP OF DELAWARE, LLC			
Name of Lim	ited Liability Company	<del></del>	
Amendment and fee(s) are sub	mitted for filing.		
indence concerning this matter	to the following:		
ANGELA DUNCAN			
	Name of Person		
AAD GROUP OF DELAY	VARE, LLC		
	Firm/Company		
10600 GRIFFIN ROAD	A105		
	Address		
COOPER CITY, FL 3332	8		
	City/State and Zip Code	<del></del>	
_			
E-mail address: (	to be used for future annual report noti	ification)	
oncerning this matter, please c	all:		
	813 522-5568		
f Person	Area Code Daytim	ne Telephone Number	
ne following amount:			
☐ \$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)	
<u>s:</u> Section	<u>Street Address:</u> Registration Se	ection	
Division of Corporations P.O. Box 6327		Division of Corporations	
:7 FL 32314		Fallahassee oe Street, Suite 810	
	Amendment and fee(s) are sub- ndence concerning this matter  ANGELA DUNCAN  AAD GROUP OF DELAY  10600 GRIFFIN ROAD A  COOPER CITY, FL 33322  ANGELA.DUNCAN@WE  E-mail address: ( concerning this matter, please concerning this matter, please concerning this matter.)  S30.00 Filing Fee & Certificate of Status	DUP OF DELAWARE, LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence 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 not oncerning this matter, please call:  Area Code  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  SECTION Registration Section Orporations  Orporations  The Centre of The Cen	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

202, 020 20 1.1 1.50 AAD GROUP OF DELAWARE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_M19000000927 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." 10600 GRIFFIN ROAD A105 Enter new principal offices address, if applicable: COOPER CITY, FL33328 (Principal office address MUST BE A STREET ADDRESS) PO BOX 340656 Enter new mailing address, if applicable: TAMPA, FL 33694 (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 \_\_\_\_\_\_\_ 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.

City

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>	Name	Address	Type of Action
MGR	ANGELA DUNCAN	3690 W GANDY BLVD #461	
		TAMPA, FL 33611	
			□Change
MGR ANGELA DUNCAN	ANGELA DUNCAN	10600 GRIFFIN ROAD A105	🖹 Add
	COOPER CITY, FL 33328	□Remove	
			Change
		□Add	
		Remove	
			□Change
		🗆 Add	
			□Remove
		□Change	
		□Add	
		Remove	
			□Change
			□Add
			□Remove
			□Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ne record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
Dated	December 16th 2021
	.^ .
	Signature of a member of authorized representative of a member
	Signature of a memory by authorized representative of a memor
	Angela C Duncan

Filing Fee: \$25.00