

M 230000009876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

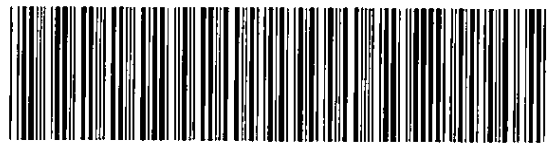
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/25/23 --01002--004 **25.00

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2023 AUG 24 AM 9:34
TALLAHASSEE, FLORIDA

2023 AUG 24 PM 3:21
TALLAHASSEE, FLORIDA
RECEIVED



August 24, 2023

Via Federal Express

REGISTRATION SECTION
FLORIDA DIVISION OF CORPORATIONS
THE CENTRE OF TALLAHASSEE
2415 N. MONROE STREET, SUITE 810
TALLAHASSEE, FL 32303

Re: ORANGE INSURANCE MANAGERS LLC
Document Number: M23000009876
Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

Dear Sir/Madam:

On behalf of ORANGE INSURANCE MANAGERS LLC, we enclose the following materials for an amendment filing with the state of Florida:

- Filing fee in the amount of \$25.00;
- Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida completed and signed; and
- Domicile Certificate of Good Standing from Delaware.

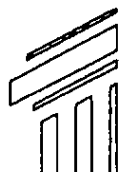
If you have any questions regarding this application or the applicant, please contact me and I will be happy to expedite an answer.

Sincerely,

A handwritten signature in black ink that reads "Halley P. Kelly". The signature is written in a cursive, flowing style.

Halley P. Kelly, FRP
Paralegal
halley@meenanlawfirm.com

WJA/hpk
Enclosures



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORANGE INSURANCE MANAGERS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Anderson
Name of Person

Meenan PA
Firm/Company

PO Box 11247
Address

Tallahassee, FL 32302
City/State and Zip Code

halley@meenanolawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Anderson c/o Meenan PA at (850) 425-4000
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ORANGE INSURANCE MANAGERS LLC

Enter new principal office 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)

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2. The Florida document number of this limited liability company is: M23000009876

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/28/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.

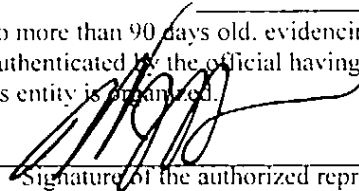
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	COURTNEY SIDERS	301 NW 138TH TERRACE	<input type="checkbox"/> Add
		NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Remove
S	LAUREN ROBERGE	301 NW 138TH TERRACE	<input checked="" type="checkbox"/> Add
		NEWBERRY, FL 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

William Anderson c/o Meenan PA

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ORANGE INSURANCE MANAGERS LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



7559059 8300

SR# 20233078165

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203820809

Date: 07-25-23