

1123000013599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

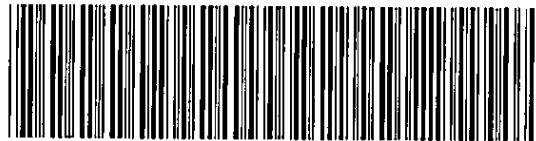
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000410687010

RECEIVED
2023 NOV -3 PM 12:40

2023 NOV -3 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT

11/03/23



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 11/03/23
Order #: 1306132-1
Re: Landsea Insurance Agency LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

A handwritten signature in cursive script, appearing to read 'Eyliena Baker', is written over the word 'find:'.

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195 Authorization:

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

FILED
CLERK OF COURT
2023 NOV -3 PM 12:40

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: LANDSEA INSURANCE 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)

2. The Florida document number of this limited liability company is: M23000013599

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/23/2023

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

5. New name of the limited liability company: LANDSEA INSURANCE AGENCY LLC

(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>
			<input type="checkbox"/> Add
			<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
			<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

Franco Tenerelli

Typed or printed name of signee

Filing Fee: \$25.00

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "LANDSEA INSURANCE
LLC", CHANGING ITS NAME FROM "LANDSEA INSURANCE LLC" TO
"LANDSEA INSURANCE AGENCY LLC", FILED IN THIS OFFICE ON THE
THIRTY-FIRST DAY OF OCTOBER, A.D. 2023, AT 7:35 O'CLOCK P.M.

2023 NOV - 3 PM 12:40
DIVISION OF CORP. AFFAIRS




Jeffrey W. Bullock, Secretary of State

2504603 8100
SR# 20233862560

Authentication: 204501208
Date: 11-01-23

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

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Landsea Insurance LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is
Landsea Insurance Agency LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 31st day of October, A.D. 2023.

By: 
Authorized Person(s)

Name: Franco Tenerelli
Print or Type

2023 NOV - 3 PM 12:40
DIVISION OF CORPORATIONS