

LD6000059549

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FLORIDA TAX & ACCOUNTING SERVICES, INC
Account Number : 120130000078
Phone : (305) 235-9292
Fax Number : (305) 328-9359

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
EAL INSURANCE CONSULTANTS, LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EAL Insurance Consultants, 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 June 9, 2006 and assigned
Florida document number L06000059549

This amendment is submitted to amend the following:

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

EAL Investments & Insurance, LLC

The new name must be distinguishable and end with 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)

1150 NW 72nd Ave Suite 502Miami, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1150 NW 72nd Ave Suite 502Miami, FL 33126

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:

1150 NW 72nd Ave Suite 502

Enter Florida street address

Miami

City

Florida 33126

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo A Lavandeira	7245 NW 113th PI	☐ Add
		Doral FL 33178	☒ Remove
MGRM	Eduardo A Lavandeira	7245 NW 113th PI	☒ Add
		Doral FL 33178	☐ Remove
MGRM	Petra C Bollowsky	6417 NW 113th PL	☐ Add
		Doral FL 33178	☒ Remove
MGR	ARIEL N. LAVANDEIRA	2208 WEST NICHOLS RD.	☒ Add
		APT - E	☐ Remove
		ARLINGTON HEIGHTS IL 60004	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

9-12, 2013

Signature of a member or authorized representative of a member

EDUARDO A. LAVANOEIRA

Typed or printed name of signer

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TALLAHASSEE, FLORIDA