# L19000136184

(Re	questor's Name)	
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C. GOLDEN

JUL - 8 2019

# **COVER LETTER**

Division of Co			
CVM Insu	rance Strategies, LLC		
Sebject.	rance Strategies, LLC  Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Mari Ribeiro		
		Name of Person	
	Ribeiro Law Firm		
		Firm/Company	<del></del>
	150 SE 2nd Avenue Suite 3	34	
		Address	
	Miami, FL 33131		
	mari@ribeirolawfirm.com	City/State and Zip Code	· <u>-</u>
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	11:	
Mari Ribeiro		305 482-113	
Name of	f Person	at ()	Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SII ED

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CVM Insurance Strategies, LLC		
(Name of the Limited Liai (A Flo	bility Company as it now appears on our recordida Limited Liability Company)	<u>ds.)</u> , <u>!</u>
The Articles of Organization for this Limited Liability	v Company were filed on 5/21/19	and assigned
Florida document number L19000136184		
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		· <u></u> .
Principal office address MUST BE A STREET AD	DRESS)	<del>_</del>
Inter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office ac</li> </ol>	gistered office address on our record ddress bere:	s, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	83
_		orida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Moore-Leonhardt & Associates, LLC	67 Russ Street, 2nd Floor Hartford, CT 06106	<b>™</b> Add
			Remove
	Dr. Robert F. Stern	23 Windward Isle	Change
AMBR		Palm Beach Gardens, FL 33418	Add
			Remove
			Change
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Iffective date, if other than to an effective date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific s block does n	e and cannot be prion not meet the appli	r to date of filing of cable statutory f	or more than 90 days	optional) s after filing.) Pursuz s, this date will no	unt to 605,020 It be listed a
e record specifies a delay The 90th day after the r	yed effectiv ecord is file	ve date, but no ed.	ot an effectiv	e time, at 12:	01 a.m. on the	e earlier d
June 17		2019	<u></u> ·			
	1	Mari C	Oibo.	<i>i</i> ~		
	Signature	of a member or auth				

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Filing Fee: \$25.00