Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000023608 3)))



H240000236083ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

lo:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN U GARCELL INSURANCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY JAN 1 8 2024

Articl	es of Amo	endment to LLC	Articles of Org	ganization of	
. 621002	349398 This a	ganization for this Limite 1-2 and assigne LZICO nendment is submitted to	d Liability Company d Florida document	were filed on number	
<u> </u>	2 Eell	company insurance	nance	10	•
		·			
These articles	of amendment	were adopted on	1/17/24	LALLAHAS	7
-	Signature	famember or anthorized repr	esentative of a member	7 PK 4: 05	TT C
New Registered hereby accept the position.	Agent's Signa appointment as	Typed or printed name of ture, if changing Register registered agent. I am familio	·	igerious of the	
 -	Sig	nature of New Registered Age	nt, if changing		