

L23000121558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

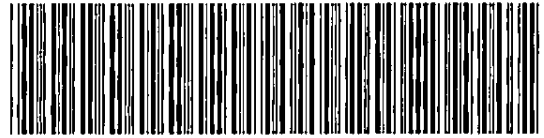
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
HALL COUNTY SE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIRON INSURANCE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRVIN GIRON
Name of Person
GIRON INSURANCE LLC
Firm/Company
16175 GOLF CLUB ROAD APT 306
Address
WESTON, FL. 33326
City/State and Zip Code
GIRON.IRVIN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRVIN GIRON at (954) 294-6083
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the 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:
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GIRON, JUAN Sr.	740 SORRENTO DRIVE	<input type="checkbox"/> Add
		WESTON FL. 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAGAZANI, MARIA	740 SORRENTO DRIVE	<input type="checkbox"/> Add
		WESTON FL. 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARY L GIRON	16175 GOLF CLUB RD APT 306	<input checked="" type="checkbox"/> Add
		WESTON FL. 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 TALLAHASSEE, FL

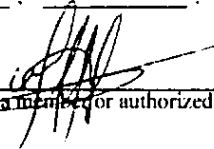
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/17 _____, 2023 _____



Signature of a member or authorized representative of a member

IRVIN GIRON

Typed or printed name of signee

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STATE
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