

L160000076927

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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JUL 14 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global Reinsurance Broker of Florida, 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:

Diego Sanchez  
Name of Person

Firm/Company

350 S. Miami Ave. Bayview Woods  
Address

Unit 3102, Miami, FL 33130  
City/State and Zip Code

larissa@larissaport.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L at ( )  
Name of Person Area Code Daytime Telephone Number

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/COURIER ADDRESS:

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

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

Global Reinsurance Broker of Florida, 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 04/19/2016

Florida document number 116000076927

16 JUL 14 AM 9:59  
TALLAHASSEE, FLORIDA  
and assigned

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Wind Tower 350 S. Miami Ave.  
Baywood Unit 3102  
Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Wind Tower 350 S. Miami Ave.  
Baywood Unit 3102  
Miami, FL 33130

**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:

Diego Sanchez

New Registered Office Address:

350 S. Miami Ave. Baywood Tower

Enter Florida street address


Unit 3102 Miami, Florida 33130

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, 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	Diego Sanchez	1820 SW 3rd Ave Miami, FL 33129	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Erica Deleg	1820 SW 3rd Ave Miami, FL 33129	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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☒ Change  
☐ Add  
☐ Remove  
☒ Change

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

Ad EIN # 36-4838641

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

07/13/2016

Signature of a member or authorized representative of a member

ERICA Deleg

Typed or printed name of signee

SECRET  
THE DEPARTMENT OF STATE  
WASHINGTON, DC 20520-4500

16 JUL 14 AM 9:59

OFFICE  
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