117000200728

(D
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200351103012

RECEIVED

SEP 0 3 2020

09/04/20--01012--030 **25.00

220 SET-3 F. G. 91

OCT 1 4 2020

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: NAVARRO) INSURANCE BROKER LL			
	Name of Lin	lited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSE HERNANDEZ			
		Name of Person		
	SOPHOS CONSULTING	GROUP CORP		
		Firm/Company		
	8333 NW 53RD STREET	STE 450		
		Address		
	DORAL, FL 33166			
		City/State and Zip Code		
	SOPHOS.CG@GMAIL.CC	DM		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
RAFAEL NAVARRO		305 496-2262 at ()		
Name of Person			ne Telephone Number	
Enclosed is a check for the	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 Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co	rporations	
Tallahassee, FL 32314		-	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAVARRO INSURANCE BROKER LLC

10281 -3 PH 6:01

(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 09/28/2017 and assigned Florida document number L17000200728 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address __, Florida ___

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

Title	<u>Name</u>	Address 2771 SE 1 - 3 F77 6: 01	Type of Action
MGR	MONTERO DE NAVARRO NOR.	5711 NW 12TH AVE APT 106	□Add
		DORAL, FL 33178	
			Change
MGR	MONTERO, NORA D	5711 NW 112TH AVE APT 106	= Add
		DORAL, FL 33178	□Remove
			Change
			□Add
			□Remove
			©Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			_ □ Change

	S: -3 P'16:01
_	
_	
_	
_	
_	
_	
_	
_	
	09/01/2020
Effectiv If an effec	date, if other than the date of filing: (optional) we 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 605.020'
Note: If	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
aocumei	s effective date on the Department of State's records.
e record	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed	
S S	P 01
Dated _	···································

Typed or printed name of signee