

L170002007Z8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

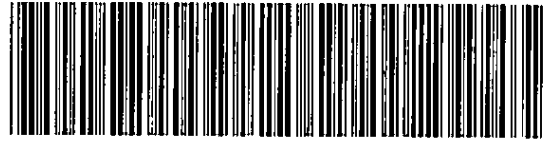
(Business Entity Name)

(Document Number)

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SEP 03 2020

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

270 SEP -3 PM 6:01

OCT 14 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAVARRO INSURANCE BROKER 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:

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.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL NAVARRO

305 496-2262
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7:22 PM -3 PM 6:01

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

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 | MONTERO DE NAVARRO NOR. | 5711 NW 112TH AVE APT 106 | <input type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MONTERO, NORA D | 5711 NW 112TH AVE APT 106 | <input checked="" type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SEP 01 2020

E. Effective date, if other than the date of filing: 09/01/2020 (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 SEP 01

2020

Signature of a member or authorized representative of a member

RAFAEL NAVARRO

Typed or printed name of signer