that my name appears above, or on an attachment with all other like empowered. **GENERAL MANAGER**

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000117529

Entity Name: ATRIO INSURANCE GROUP LLC

Current Principal Place of Business:

999 BRICKELL AVENUE SUITE 610 MIAMI, FL 33131

Current Mailing Address:

999 BRICKELL AVENUE SUITE 610 MIAMI, FL 33131 US

FEI Number: 81-3032319

Name and Address of Current Registered Agent:

ARRIA, ALFONSO 999 BRICKELL AVENUE SUITE 610 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: ALFONSO ARRIA			02/04/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	D'ALESSANDRO, DANIELA	Name	CEDENO CAMACHO, RAFAEL	
Address	999 BRICKELL AVENUE SUITE 610	Address	999 BRICKELL AVENUE SUITE 610	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	MGR			
Name	ARRIA R, ALFONSO J			
Address	999 BRICKELL AVENUE SUITE 610			
City-State-Zip:	MIAMI FL 33131			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: ALFONSO J ARRIA R

02/04/2021

FILED Feb 04, 2021 Secretary of State 5416653569CC

Certificate of Status Desired: Yes

Date