## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ABITOS PLLC Account Number : 120200000189 Phone : (305)774-2945 Fax Number : (305)774-1504

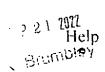
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

C:1	Address:			
rma i i	appuress:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REASEGURAR L.C.

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO' ARTICLES OF ORGANIZATION OF

REASEGURAR L.C.				
(Name of the Limit	ed Liability Company ; (A Florida Limited Liab	as it now appears on pur tec thry Company)	(ords.)	
The Articles of Organization for this Limited L. Florida document number <u>L03000010085</u>			<del></del>	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability	v company here:		
The new name must be distinguishable and contain the v	ords "Louised Liability"	Company," the designation "	LLC" or the abbres	ration "L.I. C."
Enter new principal offices address, if applic	able: _			<del></del> -
(Principal office address MUST BE A STREE	TADDRESS)			
	-			<del></del>
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE	BON)			
	-			
B. If amending the registered agent and/or angent and/or the new registered office addre		lress on our records, <u>en</u>	iter the name o	f the new registered
Name of New Registered Agent:	ABITOS PLLC			2022 \$
New Registered Office Address:	255 ARAGON AV	JENUE, 2ND FLOOR		
		Enter I londa street aa	ldres EE	
	CORAL GABLES	S Cin	, Florida 33134	Two California
New Registered Agent's Signature, if changing	Registered Agent:	***		3: 01

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. Thereby confirm that the limited hability company has been notified in writing of this change.

If Changing Registered Agent Right 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>	Name	<u>Address</u>	Type of Action
MGR	PASTORE, GUILLERMO	13611 DEERING BAY DR 1003	
		CORAL GABLES, FL 33158	讀 Remove
			∃Change
MGR	NESTOR ABATIDAGA	255 ARAGON AVENUE, 2ND FLOOR	<b>≣</b> ∧dd
		CORAL GABLES FL, 33134	
			□Change
MGR	FILIPPELLO, MARIA	13611 DEERING BAY DR 1003	□Add
		CORAL GABLES, FL 33158	Remove
<del></del>			JAdd
			:=Remove
		<del></del>	□Remove
			□Add
			Remove

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(If an elf- Note:	ve date, if other than the date of filing:
lic recor ord is fil	d 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 ed.
Dated	SEPTEMBER 20 , 2022
	Signature of a member or authorized representative of a member
	PASTORE, GUILLERMO
	Typed or printed name of signee