

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L03000010085

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ABITOS PLLC
Account Number : I20200000189
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.

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

Certificate of Status	0
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Page Count	01
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2022 SEP 20 AM 8:01
SECRETARY OF STATE
FAX 13057742945
APPROVED
AND
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2022 SEP 20 PM 2:36

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REASEGURAR L.C.

(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 03/20/2003 and assigned
Florida document number L03000010085

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:

ABITOS PLLC

New Registered Office Address:

255 ARAGON AVENUE, 2ND FLOOR

Enter Florida street address

CORAL GABLES

Florida

City

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

2022 SEP 20 AM 8:01
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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	PASTORE, GUILLERMO	13611 DEERING BAY DR 1003	<input type="checkbox"/> Add
		CORAL GABLES, FL 33158	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NESTOR ABATIDAGA	255 ARAGON AVENUE, 2ND FLOOR	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL, 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FILIPPELLO, MARIA	13611 DEERING BAY DR 1003	<input type="checkbox"/> Add
		CORAL GABLES, FL 33158	<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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