

#L04000036641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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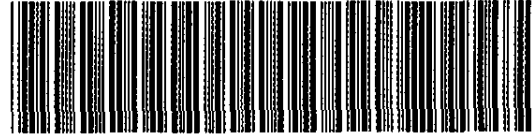
(Business Entity Name)

(Document Number)

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13 OCT 11 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

NOV - 7 2013

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL FLORIDA INSURANCE LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000036641

The enclosed ~~Officer/Director~~ ^{MANAGER} Resignation for a ~~Corporation~~ ^{LIMITED LIABILITY COMPANY} and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A HERRERA

(Name of Person)

ALL FLORIDA INSURANCE LLC

(Name of Firm/Company)

7782 WILES ROAD

(Address)

CORAL SPRINGS, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose A Herrera at 954 510-7321
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL FLORIDA INSURANCE LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/14/2004 and assigned
Florida document number L04000036641.

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 end with 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 _____
City Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

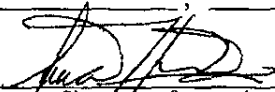
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Martha R Rodriguez	23359 C SW 55th Way	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FROM

(WED) NOV 6 2013 16:25/ST. 16:23/No. 7531548092 P 7

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 10/15/2013



Signature of a member or authorized representative of a member

Jose Herrera Register Agent

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00