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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ABITOS PLLC

Account Number : I20200000189

: (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.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BARS INSURANCE & REINSURANCE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAR 25 2021

M. SOLOMON

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARS INSURANCE & REINSUF	ANCE, L.L.C.	on our records)	
(Name of the Limit	ed Liability Company as it new apps (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document numberL05000014115	·)2/10/2005 and assigned	
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of			_
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applic	able:		20
(Principal office address MUST BE A STREE	TADDRESS)		2021 KAR
		10 C	- 22
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE	<u>BON)</u>	3.5	_
		2) -	_ အ္ဗ
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on ou ess here:	r records, <u>enter the name of the new regist</u>	<u>tered</u>
Name of New Registered Agent:	ABITOS PLLC		 -
New Registered Office Address:	255 ARAGON AVENUE, 2N		
New Registered Affect Address.		Florido street address	
	CORAL GABLES	, Florida <u>33134</u> Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	ti comming t forder agree to connic wit	h the
I hereby accept the appointment as register provisions of all statutes relative to the pro occept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of thi	per and complete performance vistered agent as provided for registered office address. I h	in Chanter 605, F.S. Or, if this document	

If Changing Registered Agent, Sign 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	Address	Type of Action
MGR	JUAN MANUEL CONTRERA	1390 BRICKELL AV SUITE 330	≣ Add
		MIAMI FL. 33131	ZRemove
			[]Change
++++++++++++++++++++++++++++++++++++++			UAdd
			□Remove
			Change
			□Remove ₁₂
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1) Left retire data if other than the date of filing- (optional)	
2. Definition data if other than the data of filing: (optional)	
r rifective mate, if third than the date of time,	(optional)
E. Effective date, if other than the date of fining: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.	gor more than 90 days after filing.) Pursuant to 605,0207 (3)(b) tilling requirements, this date will not be listed as the
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.	a.m. on the earlier of: (b) The 90th day after the

Signature of a member or authorized representative of a member

Typed or printed name of signee