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EXAMINER

ECFS

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) Walk in Pick up time Certified Copy Photocopy ┛ Mail out Will wait Certificate of Status **NEW FILINGS** AMENDMENTS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Метдет OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Examiner's Initials

Trademark

Other

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	SUR IMPURI & EXPORT, LLC	
(<u>Name of the Limited Lia)</u> (A Flor	oility Company as it now appears on our re ida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned
Florida document number L05000113643	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
ALL F	LORIDA ASSURANCE, LLC	• •
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A)	ODRESSI	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
	•	•
B. If amending the registered agent and/or re registered agent and/or the new registered office:		ls, enter the name of the nev
registered agent and/or the new registered office.	audress uere.	•
Manus of Many Dunistand A sant.		
Name of New Registered Agent:		
New Registered Office Address:	(D , E)	
,	(Enter Florida street address)	
<u> </u>		Rlorida
	(Cirv)	(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 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

Title	Name	Address	Type of Action
MGRM	JOSE ALBA REINET	9875 SW 93 AVE MIAMI FL 33176	Add Remove
·			Add Remove
			Add Remove
	 ,		Add Remove
			Add Remove
			Add Remove
D. If amen-	ding any other information, ente	r change(s) here: (Attach additional sheets, if necess	ary.)
, -			
 Dated	MAY 28	2008	
- Junea	Signature	Turnou, o. authorized representative of a member	
	Ç	JORGE H. BANOS	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00