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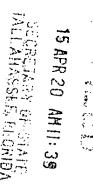
(Re	questor's Name)	
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COVER LETTER

	istration Sect sion of Corp			•
SUBJECT:	ALL USA	Underwriters, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon-	dence concerning this matter	to the following:	
		Joseph E Sarduy		
			Name of Person	
		ALL USA Underwrite	ers, LLC	
			Firm/Company	***************************************
		9600 NW 25th Stree	et #3E	
			Address	
		Doral, fl. 33172		
			City/State and Zip Code	
		esarduy@allstarins.c	om to be used for future annual report notifi	antion)
For further in	formation co	ncerning this matter, please co	·	calony
Joseph E	Sarduy		305- 553-7255	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL USA Underwriters, LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 11/16/2006	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
registered agent and/or the new registered office	registered office address on our records, <u>ent</u> <u>e address here</u> :	er the name of the n
Name of New Registered Agent:		32 R
New Registered Office Address:	Enter Florida street address	S COS S
_	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	2

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jacqueline A Sarduy	9600 NW 25th Street #3E	
,		Doral, Fl. 33172	■ Remove
MGRM	Nicole A Sarduy	9600 NW 25th Street #3E	
		Doral, Fl. 33172	Remove
			□ Add
			☐ Remove
			—————————————————————————————————————
			Add R 200 Remove
			IN II: 39
			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		
		·	Remove

ng all shares of the resigning directors are hereby
Sarduy). The meeting was called to order by Joseph
seconded, and unanimously carried that Joseph E
man and retain 100% ownership of the Limited Liability
L USA Underwriters, LLC
ate of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after
da Department of State)
2015
•
•

Page 3 of 3

Filing Fee: \$25.00

15 APR 20 AM II: 39
SECRESARY OF STATE
TALLAHASSEE FLORID