

LO7000102067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

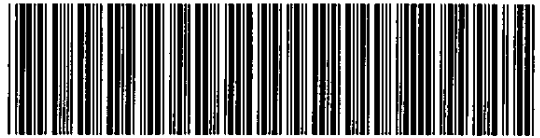
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miranda's Insurance Services LLC.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Miranda
(Name of Person)

Miranda's Insurance Services LLC.
(Firm/Company)

12434 Scottish Pine Lane
(Address)

Clermont Florida 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Miranda at (352) 250-1217
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

Miranda's Insurance Services LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on October 08-2007 and assigned
document number L07000102067

SECOND: This amendment is submitted to amend the following:

The name Pilar L Miranda change to Pilar Miranda on Article IV
and Article V

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TALLAHASSEE, FLORIDA

Dated October 18 2007



Signature of a member or authorized representative of a member

Pilar Miranda

Typed or printed name of signer

Filing Fee: \$25.00