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Amend

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Interne	ational Reinsu	rance Brokers Gol	utions LCC.
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subt	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	- · · ·	411	
	Jose A. Keu	cz Albela	
		Name of Person	
		Firm/Company	
	10913 SW 13	35Th Pl	
	10 110 200. 72	Address	
	Miami P	City/State and Zip Code	
		City/State and Zip Code	
	ibeunalbe	© GOL. COM o be used for future annual report notif	
	E-mail address: (1	o be used for future annual report notif	leation)
For further information conc	cerning this matter, please ca	all:	
FOND A. POUZ	Albela	11, 205, 972	-4622
Name of P	rson	at (<u>305</u>) <u>972</u> Area Code Daytime	: Telephone Number
·			
Enclosed is a check for the f	following amount:		
№ \$25.00 Filing 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:		Street Address:	
Registration Sec Division of Cor		Registration Sec Division of Cor	
P.O. Box 6327	parations	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

International Rein	nsurance Brokers Solutions LLC
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Conference Florida document number <u>LO80000 2386 2</u> . This amendment is submitted to amend the following:	npany were filed on
A. If amending name, enter the new name of the limite	d hability company nere:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviated "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	
	99
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered. See A. Perez Abela
New Registered Office Address: 1001	Brickell Bay Drive Suite 2700-L1 Enter Florida street address
	iami , Florida 33/3/ Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agenties being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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>	<u>Name</u>	Address	Type of Action
MGRM	Juan Carlos Correal	3610 gacht Club Dr	
		3610 gacht Club Dr Apt 1403 Aventura Fl. 33	180 Remove
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Note:	(optional) Sective date, if other than the date of filing: (optional) Sective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
e record	rd 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 iled.
Dated	March 20, 2020.
	Signature of a member or authorized representative of a member

•

Filing Fee: \$25.00