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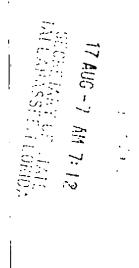
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Garzo SUBJECT:	r Insurance, LLC	
SUBJECT,	Name of Limi	ted Liability Company
The enclosed Article	es of Amendment and fee(s) are subr	nitted for filing.
Please return all cor	respondence concerning this matter t	o the following:
	Mariana Zorrilla	
	Mariana Zomna	No Change
		Name of Person
	Garzor Insurance, LLC	
		Firm/Company
	4248 Town Center Blvd. S	uite I
		Address
	Orlando, Fl 32837	
		City/State and Zip Code
	mando@garzorinsurance.co	
	E-mail address: (t	o be used for future annual report notification)
For further informal	tion concerning this matter, please ca	II:
Mariana Zorrilla		321 206-8035
Name of Person		Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, 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

GARZOR INSURANCE

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000062703</u>	were filed on 11/29/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NV
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: N 1+	
New Registered Office Address:	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City Special City
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature 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 Type of Action <u>Title</u> <u>Name</u> Address □ Add \_□ Remove \_□ Change \_□ Add □ Remove □ Change □ Add □ Remove □ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change \_□ Add

□ Remove

☐ Change

as "MGRM which i	is Managing Membe	r which the state	no longer utilizes	and this title		
defaults to Member,	which will not mate	h the operating a	greement, in which	h Marianna is the o	designated Ma	nager.
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Filing Fee: \$25.00