

LOS 00000 91334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

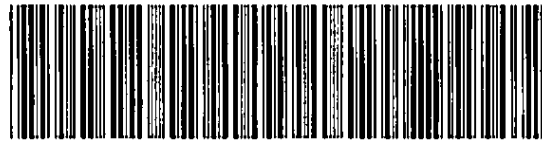
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR -9 PM 2:29

Amend

MAR 24 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASSURITY SOLUTIONS GROUP 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:

CLAUDIA RINCON

Name of Person

ASSURITY SOLUTIONS GROUP

Firm/Company

1327 SE 2ND AVENUE

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

claudia@assurityins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Rincon

954

253-9441

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011-9 PM 2:29

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ASSURITY SOLUTIONS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED STATE
CLERK OF CORP. RECORDS
20 MAR -9 PM 2:29

The Articles of Organization for this Limited Liability Company were filed on SEPT 25, 2008 and assigned
Florida document number L08000091334.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6300 NW 5TH WAY, SUITE 100

FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6300 NW 5TH WAY, SUITE 100

FORT LAUDERDALE, FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CLAUDIA J RINCON formerly known as Claudia Restrepo

New Registered Office Address:

6300 NW 5TH WAY, SUITE 100

Enter Florida street address

FORT LAUDERDALE

Florida 33309

City

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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDIA J. RINCON	6300 NW 5TH WAY, SUITE 100	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CLAUDIA J. RINCON	6300 NW 5TH WAY, SUITE 100	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Reg. Agent:

* Change Name - formerly known as
Claudia Restrepo.

Divorced Jan 2020, now known as
Claudia Rincon

* New Address:

6300 NW 5th Way, Suite 100
Ft. Lauderdale, FL 33309

* Divorce Attached w/ Change of Name.

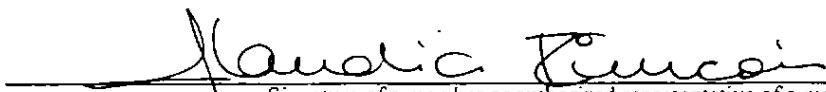
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 24, 2020.



Signature of a member or authorized representative of a member

Claudia J. Rincon

Typed or printed name of signee

IN THE CIRCUIT COURT OF THE
17TH JUDICIAL CIRCUIT IN AND
FOR BROWARD COUNTY, FLORIDA

Filed In Open Court.
CLERK OF THE CIRCUIT COURT
ON 1-14-20
BY [Signature]

CASE NO. FMCE 18-015222 (35) (93)

IN RE: THE MARRIAGE OF

CLAUDIA RESTREPO,

Petitioner/Wife.

and

CHARLES RESTREPO,

Respondent/Husband.

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE

THIS CAUSE came before this Court on January 14, 2020 upon the Wife's Petition for Dissolution of Marriage. The Court has heard testimony of the Petitioner/Wife, CLAUDIA RESTREPO, has reviewed the pleadings on file, and was otherwise fully advised in the premises. This court finds as follows: This Court has jurisdiction over the subject matter and the parties.

1. The Petitioner, CLAUDIA RESTREPO, has been a resident of the State of Florida for more than six (6) months prior to the filing of the Petition for Dissolution of Marriage.

2. The marriage between the parties is irretrievably broken.

3. On November 21, 2019, the parties entered into a Mediated Marital Settlement Agreement that resolves all issues pending between the parties.

4. The Marital Settlement Agreement was entered into freely and voluntarily between the parties.

5. There are no minor children of this marriage and none are expected or contemplated.
ORDERED AND ADJUDGED as follows:

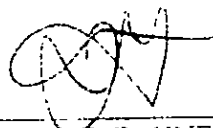
6. The bonds of marriage between the Petitioner and the Respondent are dissolved a vinculo matrimonii.

7. The November 21, 2019 Marital Settlement Agreement is hereby ratified, approved, and incorporated but not merged into this Final Judgment and the parties are ordered to comply with all of the terms and provisions contained therein.

8. The Wife's former name of ^{Janet} CLAUDIA RINCON is restored.

9. The Court also reserves jurisdiction of the parties hereto and the subject matter hereof for the purpose of entering such further Orders as may be necessary to enforce the provisions of this Final Judgment and its incorporated Mediated Marital Settlement Agreement, and as otherwise provided by law.

DONE and ORDERED in Chambers at Fort Lauderdale, Broward County, Florida this
14 day of January, 2020.


FABIENNE E. FAHNESTOCK
Circuit Judge

Copies furnished:
Sara J. Singer, Esq.
Joyce Julian, Esq.

STATE OF FLORIDA
BROWARD COUNTY
I DO HEREBY CERTIFY the within and foregoing is a true
and correct copy of the original as it appears on file
and file in the office of the Circuit Clerk in Broward
County, Florida.
WITNESS my hand and Official Seal at Fort Lauderdale
Florida, this 14 day of JAN 14 2020
Clerk of the Court
Deputy Clerk

