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AND ANASSEE, FLORID

J. BRYAN

DEC - 6 2011

**EXAMINER** 

## **COVER LETTER**

Division of Ca	orperations		
SUBJECT:	TORRES INSI	JRANCE GROUP LLC	
		ited Lishility Company	
The enclased Articles of	( Amondment and foc(s) are su	bmitted for filing.	MILDEC-5 PH 1: 12 TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
Picase return ell corresp	ondence concerning this matte	r to the following:	<b>基型</b> 加
			SSE
		YOLANDA TORRES	Fig. 2
	~ ^ <del> </del>	Name of Porson	For F
		- 44	A TANK
	TORRE	B INSURANCE GROUP LLC	2
		Firm/Company	.
	3750 NV	W 87TH AVENUE SUITE 250	<u> </u>
		Address	
		DORAL, FL. 33178	
		City/State and Zip Code	
	E-mail address:	to be used for listery annual report motifical	ion)
For further information	concorning this matter, please		
	ANDA TORRES	"BOS, 343-17	83
Ninese	of Person	Area Codo & Daytime To	Mephono Number
Enclosed is a check for t	the following amount:		
S25.00 Piling Poe	SS0.00 Piling For & Cortificate of Status	[]\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Plling Pee, Certificate of Status & Certified Copy

MAILING ABDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassos, FL 32314

TO:

STREET/COURSER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Conter Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

TORRES INSURANCE GROUP LLC

(A Flori	ile Limited Liability Company)	<del></del>	92
The Articles of Organization for this Limited Liability	y Company were filed on	11/26/2008	Songissa bas
Florida document numberL06000109576			
This amendment is submitted to amend the following	:		
A. If amending same, enter the new name of the l	miled Hability company her	<b>G</b> i	
The new name must be distinguishable and end with the v	words "Limited Liability Compa	my," the designation "L	LC" or the abbroviation
Enter new principal effices address, if applicable:			
(Principal office address MUST BE A STREET AD)			
Enter new mailing address, if applicables			
Mailing oldress MAY BE A POST OFFICE BOXO			All Property and the second
B. If amending the registered agent and/or regressioned agent and/or reg		our records, enter th	e same of the new
Name of New Registered Agent:		····	
New Registered Office Address:			
	Bn	ter Florida struct addr	CE3
		, Florida	21. 6-1
	City		ZIp Code

New Resistant Acoust's Stemeters, if changing Resistant Acoust:

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 608, 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, Mausture of New Regist

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR - Meneger MGRM = Managing Member Title Name Type of Action Address MGRM FRANCISCO TORRES, SR. 7740 SW 75 TERRACE Add 7 Remove MIAMI, FL. 33143 MGRM GIOVANNELLA TORRES Add Remove 7740 8W 75 TERRACE MIAMLET 99149 ☐ Ramove 744 Remove Ramovo Remove D. If amonding any other information, outer change(s) here: (Attach additional sheets, if necessary.) **NOV. 30** 2011 Dated Signature of a member or authorized representative of a member **YOLANDA TORRES** 

Typed or printed name of eignor

Page 2 of 2

Filing Fee: \$25.00