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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:		surance Group LLC				
SUBJECT	Name of Limited Liability Company					
The enclosed	d Articles of A	mendment and fee(s) are submi	itted for filing.			
Please return	all correspon	dence concerning this matter to	the following:			
		Carmen Vargas				
			Name of Person			
		Enterprise Insurance Group	LLC			
			Firm/Company			
		12320 Race Track Road				
			Address			
		Tampa FL 33626		_		
			City/State and Zip Code			
		carmen@enterpriseinsgroup.	com be used for future annual report notificat	ion)		
Confumbari	information co	oncerning this matter, please cal				
Carmen Va			813 682-8115			
	Name of	Person	at () Area Code Daytime Te	lephone Number		
Enclosed is	a check for th	e 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enterprise Insurance Group LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 01/05/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	-4
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "I=1C."
Enter new principal offices address, if applicable:		DEC TO
(Principal office address MUST BE A STREET ADE	DRESS)	
		2: 0
Enter new mailing address, if applicable:		ا میرون در ا
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ag	gistered office address on our records, <u>en</u> ddress here:	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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>	Type of Action
MGR	Elizabeth Vargas	12320 Race Track Road	
		Tampa FL 33626	■ Remove
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i'an effective date is l	other than the date listed, the date must be sp nserted in this block d	necitic and co	annot be prior	to date of filir	ng or more that y filing requi	i 90 days after rements, this	filing.) Pursua date will not	n to 605.020° be listed as
document's effective	ve date on the Departi	nent of Sta	ite's records		,			
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The 90th day	after the record	is illeu.						
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