109000 000 760

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





000337771370

12/09/19--01012--019 **25.00

019DE1-9 PH 5:50

C. GOLDEN JAN 1 3 2020

COVER LETTER

Registration Section Division of Corporations

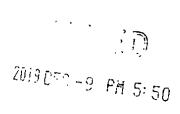
Tallahassee, FL 32314

TO:

			C	
SUBJECT: _		Name of Limit	ted Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return :	all correspor	ndence concerning this matter t	o the following:	
		Carmen Vargas		
			Name of Person	·· ·
		SYNERPRISE INSURAN	CE GROUP LLC	
		Name of Person SYNERPRISE INSURANCE GROUP LLC Firm/Company 12320 Race Track Road Address Tampa FL 33626 City/State and Zip Code evargas@synerpriseins.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
		12320 Race Track Road		
			Address	Daytime Telephone Number So 0.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) COURIER ADDRESS: Section Corporations Iding
		Tampa FL 33626		
			City/State and Zip Code	
				
		f:-mail address: (to be used for future annual report not	ilication)
For further in	iformation c	oncerning this matter, please co	alf:	
Urania Varg	as			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
	Regist Divisio P.O. B	ration Section on of Corporations	Registration Secti Division of Corpo	ion orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SYNERPRISE INSURANCE GROUP LLC

ompany has been notified in writing of this change.

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

The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/05/2009}{}$	and assigned
Florida document number L09000000760		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Volaris Insurance Group, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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	flice address on our ru	ecords, enter the name of the new
registered agent and/or the new registered office address her		<u></u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Fiorida Zip Code
	City	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agr	ee to act in this capacity	. I further agree to comply with the
rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as j	performance of my duti provided for in Chapter	es, and Lam familiar with and - 605 FS Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			∆dJ
			□ Remove
			Change
			D Add
			🗖 Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change

				 -
				
				
				
			·	
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	lock does not meet the app	dicable statutory tiling rec	(optional) nan 90 days after filing.) Pursuan juirements, this date will not	t to 605,0207 be listed as
he record specifies a delayed The 90th day after the rec		not an effective time	e, at 12:01 a.m. on the	earlier of
November 20	2019			
	annen			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00