L09000000 760

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediacione to mining ember.

Office Use Only



500406847275

COVER LETTER

TO: Registration Division of C		• .	•
Volaris In	surance Group, LLC		
SUBJECT:	Name of Lin	nited Liasi'ity Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Carmen Vargas		
		Name of Person	
	Volaris Insurance Group, I	.l.C	
		Firm/Company	
	12191 W Linebaugh Avenu	ue#313	
		Address	· · ·
	Tampa FL 33626		
	WAN WAN AND WANTED	City/State and Zip Code	
	carmen8008@yahoo.com		
		to be used for future annual report not	(fication)
	concerning this matter, please c		
Carmen Vargas		813 484-1254	
Name	of Person	at ()	ne Telephone Number
Ivalia	. OITCISON	Area Code 12ayun	ic receptione 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)
Mantha A 4.1		Commit tild	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 6:	327	The Centre of	
Tallahassee	, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Volaris Insurance Group, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah Suve Capital and Realty, LLC	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	How Change may "take the demand on oil 1 C" to the	address of the St. F. C. T.
-	my Company, the designation 1732, or the	namore viamore
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12191 W Linebaugh Avenue #313	70
THE PAINTEE WANTED TO THE PAINTED TO	Tampa FL 33626	20
Enter new mailing address, if applicable:	12191 W Linebaugh Avenue #313	PH 6:
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 33626	7 3 3 3 S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 ,	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further i performance of my duties, and I ai provided for in Chapter 605, F.S. C	n familiar with and 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

<u>Title</u>	Name	Address	Type of Action
MGR	Robert Linero	12191 W Linebaugh Avenue #313	≣ Add
		Tampa FL 33626	
		<u>a</u>	Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			Change
		:	□ Add
			Remove
			□Change
		U-M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	□Add
			Remove
			□Change
			□Add
			□Remove
		•	□Change

	·
	·
	
(If an el <u>Note:</u>	tive date, if other than the date of filing:
ne reco	rd 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 iled.
Dated	Signature of a member of supported representative of a member
	Commen 100
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00