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SECRETARY OF STATE
TALLAHASSEE. FLORID.

D. BRUCE

JAN 2 0 2010

EXAMINER

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: TY	inity Insu	irance, LLC	
	(Name of Lin	mited Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are su	ubmitted for filing.	
Please return all correspond	lence concerning this matte	er to the following:	
		Joe Maura	
		(Name of Person)	
, , <u>,</u> .		a and a second	• • • • • • • • • • • • • • • • • • • •
		(Firm/Company)	<u>.                                    </u>
		20051 012 11 1 1	2
		28951 SW 164 ave	<u></u>
		Homestead, FL 3303	2.2
		(City/State and Zip Code)	77
		(City/State and Zip Code)	ALL SEC
For further information con	cerning this matter, please	call:	AHASSE OF A Clephone Number)
Mich	elle Maura Person)	at (305) 247-4075	SEE SEE
(Name of I	Person)	at (305) 247~407 S (Area Code & Daytime Te	elephone Number)
Enclosed is a check for the	following amount:		OA CO
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Case Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Irinity Insura	ance, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on January 28, 2009 and assigned
Florida document number <u>L0900009006</u> .	<b></b>
This amendment is submitted to amend the following:	TO JAN'I!
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "ISS or the abbievlation
Enter new principal offices address, if applicable:	30377 South Dixie Hwy.
(Principal office address MUST BE A STREET ADDRESS)	_ Suite B
	Homestead, FL 33033
Enter new mailing address, if applicable:	28951 5W 164 ave
(Mailing address MAY BE A POST OFFICE BOX)	tomestead, FL 33033
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:  Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
	(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 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 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 = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action** MGR 28951 SW 164 ave. Joe Maura Add Remove Homestead, FL 33433 ☐ Remove Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 18 Signature of a member or authorized representative of a member Herry Maura. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00