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MAY 1 4 2010

EXAMINER

COVER LETTER

10:	Division of Corporations						
SUBJE	G.Cisneros Insurance Agency, LLC						
Name of Limited Liability Company							
The enc	losed Articles of Amendment and fee(s) are submitted for filing.						
Please r	eturn all correspondence concerning this matter to the following:						
	Gustavo A. Cisneros						
	Name of Person						
	Firm/Company						
	1700 Ponce De Leon Blvd Address						
	Coral Gables, FL 33134 City/State and Zip Code						
	GusCisneros@me.com E-mail address: (to be used for future annual report notification)						
For furt	her information concerning this matter, please call:						
<u> </u>	Gustavo A. Cisneros at (305) 826-8222 Name of Person Area Code & Daytime Telephone Number						
Enclose	d is a check for the following amount:						
\$ 25.	00 Filing Fee \$\bigcup \text{\$\text{\$\text{S}}} \text{\$\text{\$\text{S}}} \text{\$\text{5}} \text{\$\text{5}} \text{\$\text{5}} \text{\$\text{5}} \text{\$\text{5}} \text{\$\text{5}} \text{\$\text{5}} \text{\$\text{5}} \text{\$\text{60.00}} \text{ Filing Fee, } \text{\$\text{Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}} \$\text{\$						

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

G. Cisneros Insura (<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ance Agency, ny as it now appear Liability Company)	LLC s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	04/20/2009	and assigned
Florida document numberL0900038268			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company her	e:	FILED FILED FILED
The new name must be distinguishable and end with the words "LimitL.L.C."	ited Liability Compa	ny," the designation "l	de or the abbreviation
Enter new principal offices address, if applicable:	1700 Ponce D	De Leon Blvd.	
Principal office address MUST BE A STREET ADDRESS)	Coral Gables,	FL 33134	
Enter new mailing address, if applicable:	1700 Ponce D	e Leon Blvd.	
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables,	FL 33134	
			•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new
New Registered Office Address:			
	En	ter Florida street add	ress .
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add
	 		SSEE Remove
			Add Remove
			Add Remove
		•	Add Remove
	ding any other information	enter change(s) here: (Attach additional sheets, i	if necessary.)
Dated	May 11	(d) les	
•	Signatu	of a member or authorized representative of a member	er
		Gustavo A. Cisneros Typed or printed name of signee	

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Filing Fee: \$25.00