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**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Insurance Factory, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Yeje  
Name of Person

Chumbi Holdings, LLC  
Firm/Company

6815 Biscayne Blvd #103-201  
Address

Miami FL 33138  
City/State and Zip Code

Chumbi Holdings@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Abarca at (305) 890 7607  
Name of Person Area Code & Daytime Telephone 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)

**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**

THE Insurance Factory, LLC  
(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 3-17-2010 and assigned  
Florida document number L10000029350

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Cynthia A Barca C/O Chumbi Holding, LLC

New Registered Office Address:

6815 Biscayne Blvd STE# 103-201

Enter Florida street address

Miami, Florida

City

Zip Code

33138

**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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Juan P Yeje	1900 N Bayshore Dr #1816 Miami FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM President	CHumbi Holdings, LLC	6815 Biscayne Blvd STE # 103-201 Miami FL 33138	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Cynthia V Abarca	1900 N Bayshore Dr #1816 Miami FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM V President	Cynthia Abarca	8101 Biscayne Blvd #5-615 Miami FL 33138	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Feb, 9 - 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Juan Yeje  
\_\_\_\_\_  
Typed or printed name of signee