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ALLAHASSCE, FLORIO

B. BOSTICK

OCT 11 2011

EXAMINER

COVER LETTER

Division of C						
SUBJECT:	Vimar Insur	ance Services, Llc.				
		Name of Limited Liability Company				
	of Amendment and fce(s) are su	_				
		Margie V. Ferreiro				
Name of Person						
Vimar Insurance Services, Llc.						
Firm/Company						
2982 N.W. 93 Street Address						
		Miami, Fl 33147				
		City/State and Zip Code		ALL/ Sco	110	
	E-mail address: (gievferreiro@gmail.com to be used for future annual report notifi	cation)	芸作	001 10	and the same
For further information	concerning this matter, please of	·	,	88. T. C.		inner Services
Ma	rgie V. Ferreiro	at (786)	260-9989	\$1 <i>1</i> FL01	<u> </u>	(Lead
Name	of Person	Area Code & Daytimo	: Telephone Number	RIDA	<u></u>	
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)	Certified	e of Status &		
84 4 71	LING ADDRESS.	OTD FFT/CO.	an Annaga			

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

Vimar Insurance	e Services, L	lc	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	08(03(2011	and assigned
Florida document number L11000088922			
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Compa	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			<u></u>
Principal office address MUST BE A STREET ADDRESS)			
•			AP CI TI
			\$82.0
Enter new mailing address, if applicable:	,		Me E III
Mailing address MAY BE A POST OFFICE BOX)		,	المرابسة المراس
	.		REFE OF
			Þ
3. If amending the registered agent and/or registered o	ffice address on o	our records, <u>enter t</u>	he name of the new
egistered agent and/or the new registered office address her	<u>·e</u> :		
Name of New Registered Agent:	- · · · - · · · - ·		
New Registered Office Address:			
	En	ter Florida street addi	ress
	- <u>-</u>	, 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 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 **Title** <u>Name</u> **Address Type of Action** MGIR Lakmar Mora 2982 N.W. 93 Street ✓ Add Lazmar Mora Miami, Fl 33147 Remove MGR Margie V. Ferreiro 2982 N.W. 93 Street ✓ Remove Miami, El 33147 Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) prized representative of a member Typed or printed name of signee

Page 2 of 2

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