

L12000068880

(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:

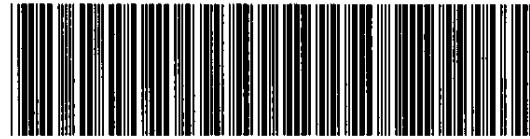
A

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B. KOHR

AUG - 8 2012

EXAMINER



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08/07/12--01015--015 **60.00

12 AUG - 7 PM 3:55

RECEIVED
DIVISION OF CORP. REG. 11/13/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savannah Insurance Services LLC
Name of Limited Liability Company

12 AUG - 7 PM 3:55
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Maria F Diaz
Name of Person

Maria F Diaz CPA
Firm/Company

2250 NW 136 Ave Suite 10
Address

Pembroke Pines FL 33028
City/State and Zip Code

mdcpa@bellsouth.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria F Diaz at 954 499-2829
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

Savannah Insurance Services 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 May 22, 2012 and assigned
Florida document number L12000068880

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:

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 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

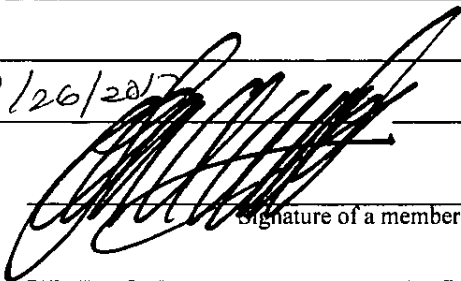
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luis Escobar	2250 NW 136 Ave Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	American Assist.	2250 NW 136 Ave Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	International Life Futuro Asegurado LLC	2250 NW 136 Ave Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anna Paula Conti	280 NE 183 Street Apt 1702 Aventura, FL 33160	<input checked="" type="checkbox"/> Add <input checked="" 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

7/26/2017



Signature of a member or authorized representative of a member

Typed or printed name of signee