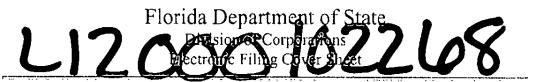
8/19/25, 1:12 PM

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

: (305)444-4994

Fax Number

: (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:				
	Address:	Address:	Address:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDIAN FINANCIAL INSURANCE ADVISORS LLC

Certificate of Status	0
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1115 2 0 2025

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDIAN FINANCIAL INSURANCE ADVISORS LLC		
(Name of the Limited Liability Company as it not (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were filed	d on and assigned	
Florida document number 1.12000102268		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," 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 or agent and/or the new registered office address here:	n our records, enter the name of the new regis	stered
	2025	
Name of New Registered Agent:	- · ·	,
N. D. C. LOCK AND	. S	
New Registered Office Address:	nter Florida street address	
	P (2)	ار. ماران
Cig.	, Florida Zip Codç	— ~
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 605, 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.

To: . Page: 4 of 5 2025-08-19 17:14:36 GMT 13053284774 From: Yanet Avila

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA D LOLANDES GOMEZ	26210 PARKER AVE	
		STE 1106	
		HOMESTEAD, FL 33032	■ Change
			□Renюve
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
	·		#IChange
-			🗆 Add
			□ Remove
			□ Change

From: Yanet Avila

						
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Effective date, it	f other than the date	of filing:			(ontional)	
If an effective date is	s listed, the date must be s	pecific and cannot be	prior to date of fili	ng or more than 90 d	ays after filing.) Pursuant	to 605.0207 (
Note: If the date	inserted in this block of ive dute on the Depart	loes not meet the a	pplicable statuto	ry filing requireme	nts, this date will not b	oe listed as t
abeliment s'eneci	ive date on the Depart	ment of State 5 fee	orus.			
e record specifics rd is filed.	a delayed effective date	e, but not an effect	ive time, at 12:0	l a.m. on th e e arlie	r of: (b) The 90th do	y after the
AUGUST		2025				
Daten			<u> </u>			
			Lil			
				intative of a member		***

Typed or printed name of signee