

L12000 133270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

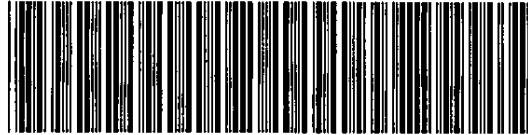
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Experts in Insurances, 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:

JAIRO AMADOR

Name of Person

EXPERTS IN INSURANCES, LLC

Firm/Company

11735 SW 147TH Avenue, Suite 24

Address

Miami, FL 33196

City/State and Zip Code

jairo@expertsininsurances.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jairo Amador

at (305) 205-0742

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2014

JAIRO AMADOR
11735 SW 147TH AVE
STE 24
MIAMI, FL 33196

SUBJECT: EXPERTS IN INSURANCES, LLC
Ref. Number: L12000133270

We have received your document for EXPERTS IN INSURANCES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 314A00024015

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EXPERTS IN INSURANCES, 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 October 19, 2012 and assigned Florida document number L12000133270.

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)

11735 SW 147TH Avenue
Suite 24
Miami FL 33196

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11735 SW 147TH Avenue
Suite 24
Miami FL 33196

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TALLAHASSEE, FLORIDA

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:

JAIRO AMADOR

New Registered Office Address:

11735 SW 147TH Avenue, Suite 24

Enter Florida street address

Miami

City

Florida 33196

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 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.


If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAIRO AMADOR	11735 SW 147TH Ave 24 Miami FL 33196	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	WILLIAM ZAMORA	11735 SW 147TH Ave 24 Miami FL 33196	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	VERONICA MOREIRA		<input type="checkbox"/> Add
		3600 S State Rd 7, 268	<input checked="" type="checkbox"/> Remove
		Miramar FL 33023	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 5, 2014


Signature of a member or authorized representative of a member

VERONICA MOREIRA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA