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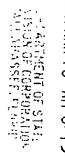
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC		IN INSURANCES, LLC			
SUBJEC	· ·	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please reti	um all correspo	ndence concerning this matter	to the following:		
		JAIRO AMADOR			
			Name of Person		
			Firm/Company		
		11735 SW 147TH AVE. S			
			Address		
		MIAMI, FL 33196	0: 40 10: 61		
		JAIRO@EXPERTSININS	City/State and Zip Code  JRANCES.COM		
		<del>-</del>	to be used for future annual report notif	ication)	
For furthe	r information co	oncerning this matter, please c	all:		
JAIRO A	MADOR		305 205-0742 at (		
	Name of	f Person		Telephone Number	
Enclosed i	s a check for th	ne following amount:			
□ \$25.00	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>lailing Address</u> Legistration S		<u>Street Address:</u> Registration Sec	tion	
Γ	Division of Co	orporations	Division of Corp	Division of Corporations	
	O. Box 632 Callahassee, F		The Centre of Ta 2415 N. Monroe Tallahassee, FL	Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPERTS IN INSURANCES, LL		7
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	Octbri 19, 2012 and assigned
Florida document number L12000133270		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
EXPERTS IN INSURANCE, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	<del></del>	
Enter new mailing address, if applicable:		
•••		
(Mailing address MAY BE A POST OFFICE	<u>. bux)</u>	
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 addre		tees as <u>enter the name of the new registered</u>
Name of New Registered Agent:	JAIRO AMADOR	
New Registered Office Address:	11735 SW 147TH AVE, SUITE	3 24
new registered Office Address.	Enter F	lorida street address
	МІАМІ	, Florida 33196
	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 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 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	WILLIAM ZAMORA		_ □Add
		11735 SW 147TH AVE, SUITE 24, MIAMI FL 3319	6 _ ■Remove
		<del></del>	_ □Change
			□Add
			_ □Remove
			_ □Change
<del></del>			_ □Add
			_ 🗆 Remove
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<del></del>			_ 🗆 Add
			_ □Remove
			_ □Change

WAS NEVI	ER CHANGED.
ALSO REM	IOVE WILLIAM ZAMORA, . HE IS NOT LONGER IN THE COMPANY BY AGREEMENT.
EXPERTS I	N INSURANCES, LLC WILL BE NAME EXPERTS IN INSURANCE, LLC WITHOUT AND (S)
-	
<u> </u>	
<del></del> -	<del></del>
ective date, if	other than the date of filing: (optional)
n effective date is ter. If the date is	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument's effecti	ve date on the Department of State's records.
ecora specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
MARCH 1	. 2020
ıcu	/ <del>-                                   </del>
	-tall

EU E Gason