

2/14/25, 3:24 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L12000139187**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEAL INSURANCE GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2025 FEB 14 PM 3:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2025 FEB 14 PM 12:27

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AND
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Corporate Filing Menu

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FEB 17 2025

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAL INSURANCE GROUP 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 11/01/2012 and assigned Florida document number L12000:39137.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2812 SW 118th Ct

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33175

Enter new mailing address, if applicable:

PO BOX 262372

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33126

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:

ALEJANDRO TOME

New Registered Office Address:

Enter Florida street address

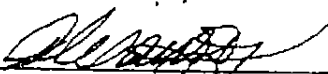
City

Florida

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SELVA A TOME	15337 SW 138TH TERRACE	☐ Add
		MIAMI, FL 33196	☒ Remove
			☐ Change
MGR	ALEJANDRO TOME SR.	15337 SW 138TH TERRACE	☐ Add
		MIAMI, FL 33196	☒ Remove
			☐ Change
MGRM	ALEJANDRO TOME SR.	PO BOX 262372	☒ Add
		MIAMI, FL 33126	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(An effective date is listed only if it differs from the date of filing.)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 14 2025

Signature of a member

Signature of a member or authorized representative of a member

ALEJANDRO TOME

Typed or printed name of signee

Filing Fee: \$25.00