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PICK-UP	☐ WAIT	MAIL
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A. RIVERS

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COVER LETTER

TO:		stration Se sion of Cor					
		VÉRTICAI	. INSURANCE AGENCY, LI	LC.			
SUBJE	CT:		Name of Lim	nited Liability Comp	any		
			Amendment and fee(s) are sub	_			
		•	ESTEBAN FERRER	_			
				Name of Pe	son		
			VERTICAL INSURANCI	E AGENCY, LLC	,		
			-	Firm/Comp	лу	·	
			2003 W CYPRESS CREE	EK RD STE 110			
				Address			
			FORT LAUDERDALE, F	TL 33309			
				City/State and Z	p Code		
			Agency@Verticalins.com	(to be used for futur	annual re	port notificati	ion
For furtl	her in	formation c	oncerning this matter, please c	-	, 2211042 10	port notifical	(OII)
ESTEB	AN F	ERRER		954 at (604-	-6302	
		Name of	f Person	Area Co	ide	Daytime Tel	lephone Number
Enclose	d is a	check for th	ne following amount:				
□ \$ 25	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified ((additional o	Сору		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Addres			tr eet Adc egistrat	<u>Iress:</u> tion Sectio	n
	Div	ision of C	orporations	Π	ivision	of Corpor	ations
		. Box 632 ahassee, F				tre of Talla Monroe St	nhassee reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERTICAL INSURANCE AGENCY, LLC.		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 11/13/2012	and assigned
Florida document number L12000143005		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
VERTICAL INSURANCE AGENCY, LLC		
The new name must be distinguishable and contain the words "Limited Lia	sbility Company," the designation "LLC" or the ab	obreviation "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 offic	e address on our records, enter the nam	e 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	Zip Code
	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
AMBR	CATALINA FERRER	7003 W CYPRESS CREEK PD SUITE 110 FORT LANDERDALE FL 33309	🖹 Add
			□Remove
			□Add
			□ Remove
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Filing Fee: \$25.00