

L12060/60296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

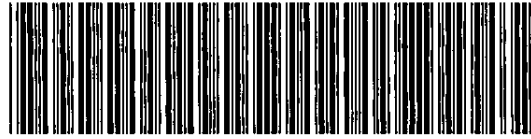
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200249478952

07/15/13--01033--016 \*\*118.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 16 AM 11:31

JUL 17 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAJESTIC INSURANCE GROUP, 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:

JUAN C. ESQUIVEL  
Name of Person

MAJESTIC INSURANCE GROUP, LLC.  
Firm/Company

2555 SW 102 AVE S-205  
Address

DORAL FL 33172  
City/State and Zip Code

JCESQUIVEL@MAJESTICINSGROUP.COM.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS ESQUIVEL at (305) 300-8888  
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

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

MAJESTIC 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 12/26/2012 and assigned Florida document number L12000160298.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 16 AM 11:3

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

2555 NW 102 AVE  
SUITE 205  
DORAL FL, 33172

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2555 NW 102 AVE  
SUITE 205  
DORAL FL 33172

**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: ESQUIVEL, JUAN C.  
New Registered Office Address: 2555 NW 102 AVE. S-205  
Enter Florida street address  
DORAL, Florida 33172  
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 608, 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.*

Juan C. Esquivel  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ESQUIVEL, JUAN C.	2555 NW 102 AVENUE S-205 DORAL FL 33172	<input type="checkbox"/> Add <input type="checkbox"/> Remove ADDRESS CHANGES
MGRM	ESQUIVEL, NANCY M	2555 NW 102 AVENUE S-205 DORAL FL 33172	<input type="checkbox"/> Add <input type="checkbox"/> Remove ADDRESS CHANGES
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

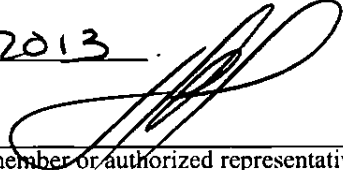
FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 13 JUL 16 AM 11:31

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

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

SAME

Dated July 11, 2013



Signature of a member or authorized representative of a member

JUAN C. ESQUIVEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 16 AM 11:31