# 114000017892

Office Use Only



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# **COVER LETTER**

то:	Registration Se Division of Cor				
CHDI		rance Advisors LLC			
SUBJECT:  Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		. •	•		
		Javier Torres			
		:	Name of Person		
		Central Insurance Advisors	LLC		
			Firm/Company		
		5041 NW 93 Doral Circle	E		
		<del> </del>	Address		
		Doral FL 33178			
			City/State and Zip Code		
		javier@1ciad.com			
		E-mail address: (1	to be used for future annual report notif	ication)	
For fur	ther information co	oncerning this matter, please ca	all:		
Javier	Топтеѕ		305 322-5664 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
□ <b>\$</b> 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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

Central Insurnace Advisors LLC		
(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 1.31.2014	and assigned
Florida document number L14000017892		
This amendment is submitted to amend the following	<b>ż</b> :	
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:	<u>, </u>	
( <u>Principal office address MUST BE A STREET AL</u>	DDRESS)	\""-I
		<u>်</u> တ
		9 2 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		PH PH IZ
B. If amending the registered agent and/or re registered agent and/or the new registered office a		er the name of the new
egisteres agent and or the new registered office a	iddi ess ner e,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	71. 6 1.
	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>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGR	Michel Molina	3750 NW 87 Ave. Ste 420. Doral, I	Add
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to de Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not are) The 90th day after the record is filed.	
Dated Miami, November 14 2016 .	
Dated Miami, November 14 , 2016 .    Julies L. Tang   Signature of a member or authorized	d representative of a member
Typed or printed na	ma of sigmes

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Filing Fee: \$25.00