

L14000048393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAR 22 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FIESTA PEMBROKE INSURANCE 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:

FRANK MARCELIN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6761 PANSY DRIVE

\_\_\_\_\_  
Address

MIRAMAR, FL 33023

\_\_\_\_\_  
City/State and Zip Code

FMARCELIN67@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK MARCELIN

954 440-8203  
at ( )

\_\_\_\_\_  
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

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

FIESTA PEMBROKE INSURANCE 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 03-24-2014 and assigned  
Florida document number L14000048393.

This amendment is submitted to amend the following:

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

FREEWAY PROPERTY & CASUALTY INSURANCE LLC

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:**

6761 PANSY DRIVE MIRAMAR, FL 33023

**(Principal office address MUST BE A STREET ADDRESS)**

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

6761 PANSY DRIVE MIRAMAR, FL 33023

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

17 MAR 1967  
SECRET  
TALAM

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 606.0207 (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.

FILED  
MAR 20 PM 6  
17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Pursuant to 605.0207 (3)  
will not be listed as the

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 03-15-2017, \_\_\_\_\_

Frank Marvel

Signature of a member or authorized representative of a member

FRANK MARCELIN

Typed or printed name of signee