## L14000074871

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	⇒ #)
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(Document Number)		
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## **COVER LETTER**

	ision of Corp			
MIAMI INSURANCE AND INVESTMENT AGENCY LLC				
SURJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	I Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ANGELA ONDE		
			Name of Person	
			Firm/Company	<del></del>
12472 LAKE UNDERHILL RD UNIT 122				
			Address	
		ORLANDO, FL32828		
		ANGELAONDE@MAC.O	City/State and Zip Code OM	
		E-mail address; (	to be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
ANGELA C	NDE		305 205-3241	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	iling F∞	■ \$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

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co Florida document number L14000074871	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	<u></u>	SECRE DIVISION 18 JUL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		P 3:
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	2.55
		lorida
	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>	Address	Type of Action
MGR	JULIO ONDE	12472 LAKE UNDERHILL RD	
		UNIT 122	■ Remove
		ORLANDO, FL32828	□ Change
			□ Remove
			Change
<del></del>			
			□ Remove
			Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
	<del></del>		Add
		□ Remove	
			Change
		_	□ Remove
			Change

D. It amending any other mic	rmation, enter change(s) here: (Attach additional sheet	s, y necessary.
		SECRE DIVISION 18 JUL
		7 OF 20 RPG
		Y OF STATE CORPORATIONS PM 3: 57
		7 %
		<del></del>
Note: If the date inserted in the	e must be specific and cannot be prior to date of filing or more than 90 is block does not meet the applicable statutory filing requirem to Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 (3)(b) nents, this date will not be listed as the
If the record specifies a del (b) The 90th day after the	eyed effective date, but not an effective time, at a record is filed.	12:01 a.m. on the earlier of:
JULY 16 Dated	2018	
	lela Ende	
ANGELA ONDE	Signature of a member or authorized representative of a member	et

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Typed or printed name of signee

Filing Fee: \$25.00