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SECRETARY OF STATE

JUN 1 7 2014

T. BROWN

## COVER LETTER

TO: Registration Section Division of Corporations		¥	
SUBJECT: <u>Segur</u>	OS HSS U.C.  Name of Limited Liability Co	ompany	
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing	ıg.	
Please return all correspondence con-	cerning this matter to the following	ng:	
	Yvette Rash	Person	
	Luiversal Acc	Dunting)	<del></del>
271	PT E. Dakland	L Park Blu	id Ste 204
Fo	rt Lauderdale City/State an	FL 333	306
Yve	City/State and the Company Universal E-mail address: (to be used for fi	laccounting-	financial. COM
For further information concerning the		-	
Name of Person	shid at (Are	728-9 Ta Code Daytime Te	8982 Elephone Number
Enclosed is a check for the following	g amount:		
_	tificate of Status Certifi	Filing Fee & ed Copy nal 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**

TO	)
ARTICLES OF O	RGANIZATION /4//
OH	RGANIZATION  y as it now appears on our records.) ability Company)
	AF Jan Py
Seguros HSS LL (Name of the Limited Liability Compan (A Florida Limited Li	7550, 3.0
(Name of the Limited Liability Compan	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 5 28 14 and assigned
Florida document number <u>L14 0000 85912</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
, <u>-                                   </u>	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A)/N-
(Principal office address MUST BE A STREET ADDRESS)	N/A
	•
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	:
	1)/n
Name of New Registered Agent:	N/H
New Registered Office Address:	
Tion Augistatou Office / lumess.	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action Name Address** Hugo Silva Silva 8345 SW 107 the mg R \_\_\_\_Remove Miami, FL 33173 ☐ Add □ Remove ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add \_\_\_ Remove

	ichaing any other miter matter, enter change(s) here. (Anach auamonai sheets, if necessary.)
	AMEND Articles IV
	MGR name:
	Carlos Silva Urdaneta
•	Carlos have no middle Initial - Silva
	Urdaneta are both his last name.
(The ef	tive date, if other than the date of filing:
Dated	3 6 9 3014.
	Signature of a member or authorized representative of a member
	yvette trashid

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Filing Fee: \$25.00