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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : M & M ASSOCIATES
Account Number : I20100000034
Phone : (305)698-8171
Fax Number : (305)698-8172

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EMET INSURANCE LLC**

Certificate of Status	0
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**Oct 15 2015
J SHIVERS**

Oct. 14. 2015 3:54PM M & M ASSOCIATES GROUP CORP
(((H15000246579 3)))

No. 1793 P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMET 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:

MARIEL PARRA

Name of Person

M&M ASSOCIATES

Firm/Company

2350 WEST 84 STREET SUITE 7

Address

HIALEAH FL 33016

City/State and Zip Code

MM.ASSOCIATESG@GMAIL.COM

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

For further information concerning this matter, please call:

MARIEL PARRA

at (305)

698-8171

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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(((H15000246579 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EMET 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 06/17/2014 and assigned
Florida document number L14000096585.

This amendment is submitted to amend the following:

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:

10540 NW 26 STREET SUITE G-101

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33172

Enter new mailing address, if applicable:

10540 NW 26 STREET SUITE G-101

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

10540 NW 26 STREET SUITE G-101

Enter Florida street address

DORALFlorida

City

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

(((H15000246579 3)))

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>
AMBR	MANJARRES, ELWIN E	10540 NW 26 STREET	<input type="checkbox"/> Add
		SUITE G-101	<input type="checkbox"/> Remove
		DORAL, FL 33172	<input checked="" type="checkbox"/> Change
AMBR	VEROES PENA, DULCE E	10540 NW 26 STREET	<input type="checkbox"/> Add
		SUITE G-101	<input type="checkbox"/> Remove
		DORAL, FL 33172	<input checked="" type="checkbox"/> Change
D	MUNOZ, MUNIRA	10540 NW 26 STREET	<input checked="" type="checkbox"/> Add
		SUITE G-101	<input type="checkbox"/> Remove
		DORAL, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H15000246579 3)))

-No. 1793---P. 5

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

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

15 OCT 14 AM 7:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[illegible]

E. Effective date, if other than the date of filing: 10/13/2015 (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 603.0207 (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.

(b) The 90th day after the record is filed.

(b) The 90th day after the record is filed.

Dated _____ OCTOBER 13 2015

X

Signature of a member or authorized representative of a member

BLWTN MANJARRES

Typed or printed name of assignee

((H15000246579 3)))