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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

Insureit Solutions, 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:

Brigid Lenderborg

Name of Person

Insureit Solutions, LLC

Firm/Company

10665 SW 190 ST, SUITE 3202

Address

CUTLER BAY, FL 33157

City/State and Zip Code

BRIGID.INSUREITSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

BRIGID LENDERBORG

_{.,},305、964-777

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

至3

INSUREIT SOLUTIONS, LLC		5 7
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
		83 22
The Articles of Organization for this Limited Liability Company	were filed on JUNE 19 2014	and assigned
Florida document number L14000098338		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10665 SW 190 ST, SUITE	3202
(Principal office address MUST BE A STREET ADDRESS)	CUTLER BAY, FLORIDA 33157	
		·
Enter new mailing address, if applicable:	10665 SW 190 ST, SUITE	3202
(Mailing address MAY BE A POST OFFICE BOX)	CUTLER BAY, FLORIDA	33157
B. If amending the registered agent and/or registered of		ter the name of the new
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		,
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	N
	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 **Title** <u>Address</u> Type of Action <u>Name</u> 11140 SW 196 ST #102 D Add AMBR JAMES DAVID JOSEPH MIAMI, FLORIDA 33157 Remove ☐ Remove _ Add _□ Remove ☐ Remove ☐ Add __ 🗆 Remove

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ective date, if other than the date of effective date must be specific, cannot be produced this document is filed by the Florida De	or to date of receipt or filed date and cannot be more than 9	
october 14		

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Filing Fee: \$25.00