

LI5000016239

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TALLAHASSEE, FLORIDA

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D. BRUCE
MAY 01 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Monteriny Vacation 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:

Humberto Quilez.
Name of Person
Monteriny Vacation LLC.
Firm/Company
12847 SW 62 LN.
Address
Miami FL 33103.
City/State and Zip Code
HQuilez@Monteriny.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Humberto Quilez. at (786) 366 2141
Name of Person Area Code Daytime Telephone Number

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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

Monitoring Vacation 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 1/27/15. and assigned
Florida document number L 15000016239.

This amendment is submitted to amend the following:

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

50 To 1 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:

(Principal office address MUST BE A STREET ADDRESS)

12847 SW 62 LN
Miami FL 33183.

Enter new mailing address, if applicable:

(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:

Humberto Quilez

New Registered Office Address:

12847 SW 62 LN.

Enter Florida street address

Miami

City

Florida

FL 33183.

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.

Beif

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

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TALLAHASSEE, FLORIDA

4/19/2017

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.

04/19/2017.

Reef

Humberto Quiles

Typed or printed name of signee