

115000064184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

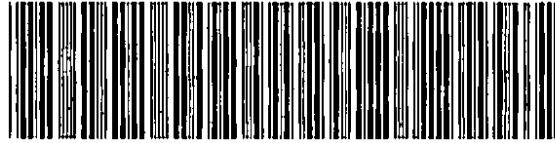
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300309381843

02/20/18--01012--006 **25.00

FILED
18 FEB 20 AM 9:49
TALLAHASSEE, FLORIDA

FEB 21 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martinez Aers Insurance Agency, 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:

Jamilet Martinez
Name of Person
Ultimate Insurance Group
Firm/Company
1820 N Corporate Lakes Blvd, #304
Address
Weston, FL 33326
City/State and Zip Code
Jamie.martinez@ultimateinsurancegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Martinez at 954 403-1116
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Martinez Ayers Insurance Agency, 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 4/13/15 and assigned Florida document number L15000064184.

This amendment is submitted to amend the following:

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

Ultimate Insurance Group I, 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)

1820 N Corporate Lakes Blvd
Suite 300
Weston, FL 33320

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1820 N Corporate Lakes Blvd
Suite 300
Weston, FL 33320

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:

1820 N Corporate Lakes Blvd, Suite 300
Enter Florida street address
Weston, Florida 33320
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Walter A Veintemilla	1820 N Corporate Lakes Blvd	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Weston, FL 33326	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 FEB 28 AM 11:49
RECEIVED
HARRIS COUNTY CLERK
HARRIS COUNTY, TEXAS

18 FEB 20 A

18 FEB 20 AM 9:49
U.S. AIR FORCE
TAMPA, FLORIDA

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.

Dated Feb 13 2018

Signature of a member or authorized representative of a member
Januel Martinez
 Typed or printed name of signer

Typed or printed name of signee