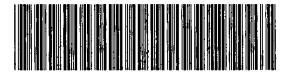
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## **COVER LETTER**

TO:		n	en e	s 😍
SUBJ	ECT:			our LLC
The er	nclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please	return all corresponder	nce concerning this matter	to the following:	
	-	L	uis Aleman Name of Person	
	-	Alema	AN Incurance Gray	LLC
	-	841 Pm	dential Dr 12 Address	2th Flor
		Tacks	Sonville, FL 322 City/State and Zip Code	07
		Lis. Alem E-mail address: (	to be used for future annual report notifi	ication)
For fu	rther information conce	erning this matter, please c	all:	
	Aleman Insurance Growl LLC  Name of Limited Liability Company  Inclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  Luis Aleman  Aleman Insurance Growl LLC  Firm/Company  SYI Prodential Dr 12th Floor  Address  Tacksaville, LL 32207  City/State and Zip Code  Lis. Aleman Elfuracemann.com  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  Luis Aleman  Name of Person  at 904  Area Code  Daytime Telephone Number  Seed is a check for the following amount:  25.00 Filing Fee  Certificate of Status  Certificate of Status & Certified Copy  Certificate of Status & Certified Copy			
	Manie of Fer	5011	Area Code Dayunic	текрионе нашост
Enclo	sed is a check for the fo	ollowing amount:		
□ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	<del></del>	

### 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 ARTICLES OF ORGANIZATION **OF**

Hleman Insura		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	J
ne Articles of Organization for this Limited Liability Company vorida document number <u>LISO</u> 128057	were filed on $\frac{7/27/201}{}$	5 and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabil		Agency LLC
e new name must be distinguishable and contain the words "Limited Liabilit		
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX		
tauing uauress MAI DE A FOST OFFICE BOX		
If amending the registered agent and/or registered off gistered agent and/or the new registered office address here  Name of New Registered Agent:		, enter the name of the
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zin Code
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent;		And a sea

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<del></del>	☐ Remove
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Page 3 of 3

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