## L15000209802

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLARA STEEL

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## **COVER LETTER**

TO: Registration : Division of Co			<b>£</b>
*	•	,	.a •
SUBJECT: MODE	RN POLICY LLC Name of Li		
	Name of Li	mited Liability Company 🔻	
	•		
The engineed Articles o	f Amendment and fee(s) are su	huristed for films	
The enclosed Africies o	i Amendment and tee(s) are su	iomitted for ming.	
Please return all corresp	condence concerning this matte	r to the following:	
	CLAIRECCE E	3ROGOH4I	
		Name of Person	<del></del>
	CDC		
	EPGD Busine	es upw	<del></del>
		r imp Company	
	7775W 37T	HAVE SUITE SID	
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	MIAMI, FLORI	DA 33135	<del></del>
		City/State and Zip Code	
	CLAIRESSEG	MODERNPOLICY. COM	<b>4</b>
			ication)
For further information of	concerning this matter, please of	zall:	
CIAINACCA PANA	26 nith	222 950 -	2010
CLA PROCES BRO	of Person	at ( 202 ) 900 Area Code Daytime	Telephone Number
		_ <b> ,</b>	
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUDERN POLICY (Name of the Lin		ny as it now anne	ars on our record	e.1	<del></del>	
Vinne 32 Aug -	(A Florida Limited	Liability Company	)	<b>₽</b> /		
The Articles of Organization for this Limited	Liability Company	were filed on _	12/17/2	-015 a	nd assig	ned
Florida document number <u>L15000209</u>					-	
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	ility comnany l	nere:			
,						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC"	or the abbreviati	on "L.L.	C."
Enter new principal offices address, if appli	cable:					
Principal office address MUST BE A STRE					20	
	31 112212337		<del>.</del>	<u></u>	=	******
				· · · -		
Enter new mailing address, if applicable:					-6	1
Mailing address MAY BE A POST OFFICE	· PAV		<del></del>		PH	: 1 :
MUNING AUGUSS WIAT BE A FOST OFFICE	BUX)	<del></del>		Ę	.)	$\overline{\overline{}}$
				<u> </u>	<del>.</del> ယ်	
3. If amending the registered agent and/or	registered office a	ddress on our	records, <u>enter t</u>			egistered
gent and/or the new registered office addre	33 nere:					
Name of New Registered Agent:	EPGD	BUSINE	SLAW	<u> </u>		
New Registered Office Address:	777 SN	1 37TH A		SIO		
		Enter Flo	rida street address			
	MIAMI		, Flor	rida <u>3313</u>		
		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 Shmature 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

Title	Name	Address	Type of Action
MGR	NINA MOMAYEZZADEH	CNE EAST BROWARD BOULE VAL	DPV□
		SUITE #700	Kemove
		FORT LAUDERDALE, FL 33301	□Change
		<del></del>	□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			_ 🗆 Add
			_ □Remove
			_ Change
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			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ Change

Effective date, if other than the date of filling: 12/31/2D19 (optional)  In 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 605 0007  Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Signature of member or authorized representative of a member.		
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Filing Fee: \$25.00