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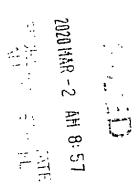
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## **COVER LETTER**

TG: Registration Section Division of Corporations
SUBJECT: GUArdian Jawer Insurance 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:
Name of Person
Guardian lower Insurance, LC Firm/Company
8734 Lee Vista Blud #300
Oslanda, FL. 32589 City/State and Zip Code
City/State and Zip Code  Jose Fig 33@ hot mail.com  E-mail addryss: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jesse C. Figueroa at 31,345 6905  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee Scrifficate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status Scrifficate of Scrifficate of Status Scrifficate of Scrif

## 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 Tollal 1. Fl. 311 J.

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goardian lower (Name of the Limited Liabil (A Florid	v Company as it now appears on our records.) Limited Liability Company)	_
The Articles of Organization for this Limited Liability (Florida document number		d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ted liability company here:	
The new name must be distinguishable and contain the words "Lit	ted Liability Company," the designation "LLC" or the abbreviate	2
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADD	ESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		ස ස ග ග
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	office address on our records, enter the name of the	e new registered
Name of New Registered Agent:	JOSE O. Figueroa 134 Lee Visto Phyl#300	
New Registered Office Address:	Enter Florida street address  City  City  Zin C	70

## 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>	Address	Type of Action
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		Orlando, Fr. 32829	ØRemove
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			□Remove
			□Change
mor	Figueroa, Jose	8734 Lee Vista BIVL#3	<u>∞</u> ₹ <sub>Vqq</sub>
		Orlando, FL. 32529	Remove
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