## L16000110059

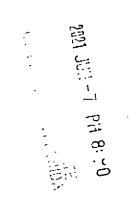
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Office Use Only



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## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE C. Figueroa E New Namber Person
Guardian lower Insurance LLC Firm/Company
8734 Lee Vista Blud 300
City/State and Zip Code  Lose Fig33@hotmail.com  E-mail-holdress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{S25.00 Filing Fee} \text{ \$\Bigcup S30.00 Filing Fee & Certificate of Status}  \$\Bigcup S55.00 Filing Fee & Certificate of Status & Certificate &
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guardian Tower =	Insurance, LCC
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 16000-110059</u> .	were filed on 67 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 1 8 30
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Jose	O. figueroa
New Registered Office Address: 4734	Lee Vista Blud #300

## 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.

f Changing Registered Agent, Signature of New Registered Agent

Oslando Florida 30829

City Zip Code

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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