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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
CHIDI		SURANCE GROUP LLC		
SUBJ	IECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Alfonso J Arria R		
			Name of Person	<u> </u>
		Atrio Insurance Group Ll	LC	
			Firm/Company	
		999 Brickell Avenue. Sui	te 900	
		-	Address	
		Miami. FL. 33131		
			City/State and Zip Code	-
		_		
		E-mail address: (t	o be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	ıll:	
Alfons	so J Arria R		Name of Person Atrio Insurance Group LLC Firm/Company 999 Brickell Avenue. Suite 900 Address Miami. FL. 33131 City/State and Zip Code arria@atrioinsurance.com E-mail address: (to be used for future annual report notification) rning this matter, please call: 786 6088216 at () Area Code Daytime Telephone Number Illowing amount: 1 \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Atrio Insurance Group LLC Firm/Company 999 Brickell Avenue. Suite 900 Address Miami. FL. 33131 City/State and Zip Code aarria@atrioinsurance.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: fonso J Arria R Name of Person Area Code Daytime Telephone Number			
Enclos	sed is a check for th	e following amount:		
■ S2	5.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

ATRIO INSURANCE GROUP LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 2
Principal office address MUST BE A STREET ADDI	RESS)	9 90
		PH 12:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		35
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: Name Registered Office Address:	stered office address on our records, <u>ent</u> l <u>ress here</u> :	er the name of the ne
New Registered Office Address;	Enter Florida street address	
	T1	
	, Florida	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>Fitle</u> AMBR	<u>Name</u>	Address	Type of Action		
AMBR	RAFAEL CEDENO CAMACHO	999 Brickell Avenue, Suite 900			
		Miami. FL. 33131	□ Remove		
			Change		
			Remove		
			Change		
			Add		
			□ Remove		
			Change		
			Remove		
			Change		
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			□ Remove		
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	~	Signati	ire of a member o	or authorized re	epresentative o	f a member	 -		
ated	ly 03 		, <u>2018</u>	·					
The 90	Ith day afte	a delayed effe r the record is	filed.		effective tii	me, at 12:	01 a.m. on	the earlie	r of:
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Filing Fee: \$25.00