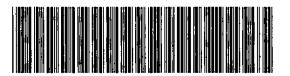
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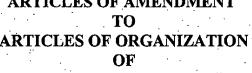
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LORIDA INSURANCE CONSULTING,



The one of the second The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L16000/26170</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: No CHANGE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 415 E. MAIN STREET Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: SAME Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

> SAME If Changing Registered Agent, Signature of New Registered Agent

or removed fr	om our records:			·		
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## STATEMENT OF OWNERSHIP

This certifies that I, OSWALD FELIX LOPEZ, am a member of: FLORIDA INSURANCE CONSULTING, LLC.

I own 50% of the units issued by the Limited Liability Company listed above.

Affidavit of Applicant: I certify that the information contained herein is true and correct to the best of my knowledge.

**OSWALD FELIX LOPEZ** 

(APPLICANT SIGNATURE)

August 8th, 2016

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