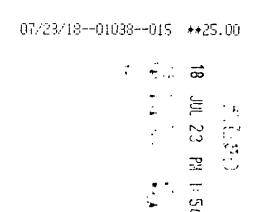
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S. PRATHER

COVER LETTER

Registration Section

TO:

Division of Corporations			
	INSURANCE CONSULTING	G, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	OSWALD F LOPEZ		
		Name of Person	
	FLORIDA INSURANCE	CONSULTING, LLC	
		Firm/Company	
	215 IMPERIAL BLVD		
		Address	<u>.</u>
	LAKELAND, FL. 33803		
		City/State and Zip Code	.
	OZLOPEZ@HOTMAIL.C	OM to be used for future annual report notil	Tention)
For further information	concerning this matter, please co		(Catton)
OZ LOPEZ		863 670-1780	
Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	LING ADDRESS: tration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA INSURANCE CONSULTING, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were f	iled on 07-06-2016	and assigned
Florida document number L16000126170			
riorida document number	-		: 1 6
This amendment is submitted to amend the foll	owing:		• 🚊 . •
A. If amending name, enter the new name o	f the limited liability co	mpany here:	, F3 ,
The new name must be distinguishable and contain the v	<u></u>		
The new name must be distinguishable and contain the v	vords "Limited Liability Com	pany," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		i (n
(Principal office address MUST BE A STREE		5 AME	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	 BOX)	SAMÉ	
CHURING AUGUS MAT BE ATOST OFFICE BOX			
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	215 IMPERIAL BLVE		
		Enter Florida street address	
	LAKELAND	Florid:	a 33803
	Cit		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 Agen

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>	<u>Address</u>	Type of Action
MGR	OSWALD F LOPEZ	215 IMPERIAL BLVD	□ Add
		LAKELAND, FL. 33803	Remove
			☐ Change
MGR	JENNIFER LOPEZ WARREN	215 IMPERIAL BLVD	Add
		LAKELAND, FL. 33803	□ Remove
		<u> </u>	
			□ Remove
			☐ Change
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eument's effective date o	n the Department of State's records.			
record specifies a d The 90th day after tl	elayed effective date, but not an effective time, at 12: he record is filed.	01 a.m. on the	e earlie	r
JULY 18TH	2018			
	Of Line	p -	<u>ដ</u>	
	Signature of a member of authorized representative of a member		<u></u>	1
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Filing Fee: \$25.00