L16000158053

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:

Office Use Only



900426652829

03/29/24--01003--001 **25.00

2024 KAR 29 PM 4: 38

Name Chang

APR 1 7 2024 D CUSHING

COVER LETTER

TO:		istration Se sion of Cor		•		t."		
		JACKSALI	ES HOLDING LLC	•	•			
SUBJE	ECT: _		Name of Lim	ited Liability Company				
The en	closed	Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please	return :	all correspo	ndence concerning this matter	to the following:				
			CLAUDIA UZGAME					
				Name of Person		-		
			CLAUDIA TE AYUDA I	NSURANCE LLC				
				Firm/Company	•	-		
605 S PINE ISLAND RD 204								
	Address				-			
			FORT LAUDERDALE F	L 33324				
				City/State and Zip Code		-		
			Info@achonlineforms.com	to be used for future annual report i	votitiestion)	(0	2(
For fur	ther in	formation c	oncerning this matter, please o		NATIO AND TO	- 171 - 171 - 171	2024 KAR	77
ADRL	ANA P	CHAMOR		561 2455214 at ()	_		29	(max.)
		Name of	f Person	Area Code Day	time Telephone Number	ا با ازیار مرتا	PH 4: 3:	
Enclos	ed is a	check for th	ne following amount:			끌済	ည္က	
≡ \$2	5.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ac of Stan		

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKSALES HOLDING LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 08/23/2016	and assigned
lorida document number 116000158053	<u>-</u> .	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
CLAUDIA TE AYUDA INSURANCE LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
***		200
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		29
Hunning dualess MATI BEAT OST OF FIELDOM		70 III
		. 0
3. If amending the registered agent and/or registered	office address on our records, enter th	
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	City	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>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<u> </u>	□ Change
			🗆 🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			Chausa

· <u> </u>	
~ ~~	
_	
	
`an effect Vote: If	e date, if other than the date of filing: 03/15/2024 (optional)
ocumen	t's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
d is filed	3/15/2024
d is filed	3/15/2024 - Washin Gil
d is filed	

Filing Fee: \$25.00