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COVER LETTER

TO: Registration So Division of Co			•
SUBJECT: LV	lan Insulance Name of Lim	AGONU/11/16	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Ismael Geneik	, Va
		Tomul	
		Firm Company	
	4705 Ui	ncenns Bud Sci Address	ute #2_
	Cape Con	al PC 33904 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Ismael Name (f. io hal	at (<u>239</u>) <u>240</u> Area Code Daytime	1484 Telephone Number
Enclosed is a check for t	he following amount:		
[A]. \$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)

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

hudlam Insvience	a Leman 11,00	((
(Name of the Limited Lia (A Flo	dility Company as it now appears of the Company as it now appears of the Company)	m our records.)	
The Articles of Organization for this Limited Liability Company were filed on $69-01-19$ and Florida document number 416000129364 .			
This amendment is submitted to amend the following	::		
A. If amending name, enter the new name of the l	imited liability company here	; :	
The new name must be distinguishable and contain the words."	Limited Liability Company," the desi	gnation "LLC" or the abbres	dation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX)			-
	·		
			<u>.</u>
B. If amending the registered agent and/or re		ur records, enter the	name of the new
registered agent and/or the new registered office a	<u>aaress nere</u> :		က် -
Name of New Registered Agent:			- - -
New Registered Office Address:	Emer Florida	i street address	-
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	I complete performance of my I agent as provided for in Cha cred office address, I hereby a	v duties, and I am fam. upter 605, F.S. Or, if t	iliar with and his document is

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>	Name	Address	Type of Action
<u>VP</u>	Wilbut H Sosa	2504 SW 67Th AVE	
		2504 SW 67Th AVET Mami ;FL 33155	⊠ Remove
			☐ Change
			□ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00