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## **COVER LETTER**

UBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Jacqueline Garcia		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	J & A Insurance Solutions I	L.C	
		Firm/Company	
	15430 CR 565A Suite J		
		Address	on  ny  Code  annual report notification)  529-6699  Daytime Telephone Number  g Fee & S60.00 Filing Fee, Opy  Certificate of Status &
	Groveland Fl 34736		
		City/State and Zip Code	
	jgarcia@jainsurancesolution		
			ation)
For further information co	oncerning this matter, please ca	11:	
Jacqueline Garcia			
Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is a check for the	e following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address	<u>s:</u>	Street Address: Registration Sect	

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

Registration Section

Division of Corporations

TO:

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

J & A Insurance Solutions

21 JUN -4 PH 12: 12

(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 Liability Cor	npany were filed on 10/05/2016	and assigned
Florida document number L16000185087		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered (	office address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	y.
	Flo	orida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

MGR =    AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address 21 JUH-4 PH12: 12	Type of Action
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ote:	If the date inscrie-	d in this block	does not me	eet the appli	cable statuto:	ry filing requiren	nents, this	date will not be liste	ed as
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