L16000214858

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN INSURANCE LLC		_,
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L16000214858		
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		5 9 T
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, en eaddress here:	nter the name of the new
		温泉 温
Name of New Registered Agent:		3 29 FFL DRILL
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florio	
	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>	<u>Address</u>	Type of Action
MGR	Hazkel Puterman	1900 S.W. 3rd Avenue, Miami, Fl. 33129	Add
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lf an effec	ctive date is listed	, the date must	be specific and	d cannot be	prior to date of	filing or more t	nan 90 days aft	er filing.) Pursuar	nt to 605.0207
Note: I	f the date insert nt's effective da	ed in this blo	ck does not i	meet the ap	oplicable stati	utory filing rea	juirements, tr	us date will not	be fisted as
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	ord specifies				t not an ef	fective time	e, at 12:01	a.m. on the	earlier of
The 9	90th day afte	er the reco	rd is filed.	•					
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Typed or printed name of signee