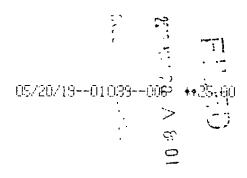


(Requestor's Name)
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(Business Entity Name)
(Document Number)
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D SCOTT

JUN - 6 2019

COVER LETTER

Div	ision of Corp	porations	•			
SUBJECT:	Florida Insu	rance Solutions Group LLC	· -			
SOBSECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Jose Peralta				
			Name of Person		_	
		Florida Insurance Solution	s Group LLC			
			Firm/Company			
		12215 Pembroke Road		ı		
			Address) .	
		Pembroke Pines, FL 33025	5			
		jperalta@floridainsurancesc	City/State and Zip Code olutionsgroup.com		_ 0	
		E-mail address: (to be used for future annual rep	ort notification)		
For further in	formation co	oncerning this matter, please ca	all:			
Jose Peralta			954 873-2 at ()	315		
	Name of	f Person		Daytime Telephone Numb	er	
Enclosed is a	check for th	e following amount:				
■ \$25.00 F						

MAILING ADDRESS:

TO:

Registration Section

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

Florida Insurance Solutions Group LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our limited Liability Company)	records.)		_
The Articles of Organization for this Limited Liability Cor Florida document number L1600023229	mpany were filed on $\frac{12/28/2016}{.}$		and	assigned
This amendment is submitted to amend the following:	-			
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	1 "LLC" or the a	bbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>	۲3,	
		, !	·	
Enter new mailing address, if applicable:		,	ت ن	
Mailing address MAY BE A POST OFFICE BOX)			\triangleright	
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		:		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ecords, <u>enter</u>	the nan	ne of the n
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	address		
		_, Florida _		
	City		Zip Co	de

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
AMBR	Lumei Ferrer	12215 Pembroke Road	
		Pembroke Pines, FL 33025	
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E. Effec	tive date, if othe	r than the date	e of filing:	:			(opti	onal)		
(If an ef	ffective date is listed, If the date inserte	the date must be s	pecitic and	cannot be prior	to date of filing	g or more than 90 filing requires	days after	filing.) l	Pursuant to	605.020 listed a
docur	nent's effective da	te on the Depart	ment of St	ate's records						
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	e 90th day afte			ite, but it	oc an eneci	ive time, at	12.01 6	3.III. O	ii tiic ea	ii ii ei (
	I <u>May, 17</u>	α		2019						
Dated	l		— <i>)</i>		·					
		Y	<u>, </u>							

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee