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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL.
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE APR 03 2017

COVER LETTER

TO: Registration Solution of Col			
	AS UNDERWRITING AGENC	Y LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	RICARDO MORALES		
		Name of Person	
	NAMES AMERICAS UN	DERWRITING AGENCY LLC	
		Firm/Company	
	175 SW 7TH ST STE 160	1	
		Address	
	MIAMI FL 33130		
		City/State and Zip Code	
	ACOSTAESTEVEZACCT	-	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ilcation)
		an,	
RICARDO MORALES		at ()	A 20
Name o	of Person	Area Code Daytime	e Telephone Number CO ARR ARR ARRANGE
Enclosed is a check for t	the following amount:		ARY O
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS.	STREET/COURT	FR ADDRESS:

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAS UNDERWRITING AGEN		
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
Florida document number L17000004473.		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
NAMES AMERICAS UNDERWRITING AGENCY LI	LC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· •	
(Principal office address MUST BE A STREET Al	DDRESS)	
Trincipal office and case in Col Do it of Robins		
		
Enter new mailing address, if applicable:		
(Mailing addr <u>ess MAY BE A POST OFFICE BOX</u>	<u></u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or r	egistered office address on our records, en	ter the name of the new
registered agent and/or the new registered office	• —	T-66
		ARE IN T
Name of New Registered Agent:		ASS U
		[7]-<
New Registered Office Address:		- 39 D
	Enter Florida street address	
<u> </u>	, Florida	
	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** _□ Remove _ Change _□ Add _□ Remove _ Change ☐ Add ☐ Remove _□ Change □ Remove _□ Change _□ Add ☐ Remove _ Change

						
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Filing Fee: \$25.00