

L17000028742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

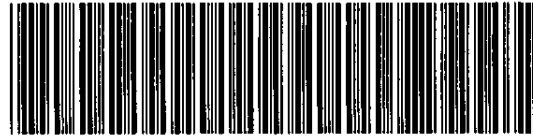
(Business Entity Name)

(Document Number)

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FEB 24 2017  
S. YOUNG

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SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB 23 AM 10:39

**COVER LETTER**

SANTIAGO MUJICA

TELEPHONE NUMBER: 954-901-7931  
RETURN ADDRESS: 4210 SW 72<sup>ND</sup> WAY  
DAVIE FL, 33314

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 FEB 23 AM 10:39

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IQ INSURANCE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTIAGO MUJICA

\_\_\_\_\_  
Name of Person

IQ INSURANCE LLC

\_\_\_\_\_  
Firm/Company

4210 SW 72ND WAY

\_\_\_\_\_  
Address

DAVIE FL, 33314

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FL 32301  
17 FEB 23 AM 10:39

For further information concerning this matter, please call:

SANTIAGO MUJICA

954 9017931

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

IQ INSURANCE LLC

(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 Company were filed on 02/06/2017 and assigned  
Florida document number L17000028742.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA  
17 FEB 23 AM 10:39

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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>	<u>Type of Action</u>
MGR	SANTIAGO MUJICA	4210 SW 72ND WAY	<input checked="" type="checkbox"/> Add
		DAVIE FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA  
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17 FEB 23

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TALLAHASSEE, FLORIDA  
17 FEB 23 AM 10:39

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee