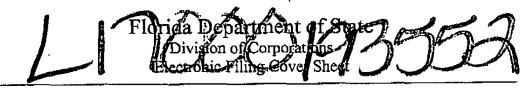
Division of Corporations



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PAGE 01/04

1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DELTA INSURANCE CONSULTING GROUP, LLA			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09/18/2017	and assigned	
Florida document number L17000193552			
This amendment is submitted to amend the following:	•		
A. If smending name, enter the new name of the fimited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)			
		<u>မွာ</u> ဟွ	
7. I.			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ilice address on our records, <u>ent</u> e:	er the name of the new	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Florida street address		
	Tries Linema Them annual		
	, Florida _	Zip Code	
New Registered Agent's Signature, If changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr		igree 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

Page 1 of 3

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>	Name	Address	Type of Action
MGR	MARIA R. RODRIGUEZ	8300 NW 53 RD STREET SUITE	
		DORAL, FL 33166	■ Remove
			Change
			D Add
			🗀 Remove
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Page 2 of 3

D. Hamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: I	e date, if other than the date of filing: O1/31/2018 (optional) it we have it insert the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: The date inserted in this block does not most the applicable statutory filing requirements, this date will not be list at a effective date on the Department of State's records.	5.0207 (3)(b) tod as the
If the reco (b) The S	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Both day after the record is filed.	er of:
Dated_		
	Signature of a majoring or suthorized representative of a manufact	
	EDUARDO RODAGUEZ	
	Page 3 of 3	
	Filing Fee: \$25.00	

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