

217000215956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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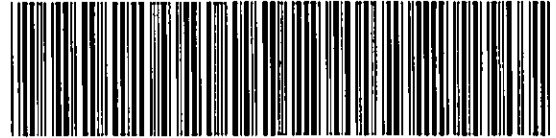
(Business Entity Name)

(Document Number)

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18 JUL -9 PM 2:30

SECRETARY STAFF
4040A, JEFFERSON

12 SALY
JUL 17 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SINCLAIR ASSURANCE, 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:

FRANCK PAJOT

Name of Person

Firm/Company

20801 BISCAYNE BLVD STE 403

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

admin@hyphen-insurance.com

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

For further information concerning this matter, please call:

LAURA GUTIERREZ

305 904-8072
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**

SINCLAIR ASSURANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/18/2017 and assigned
Florida document number L17000215956.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALTERLION FLORIDA LLC

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)

20801 BISCAYNE BLVD

STE 403

AVENTURA, FLORIDA 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20801 BISCAYNE BLVD

STE 403

AVENTURA, FLORIDA 33180

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:

JORGE M VILLARAN

New Registered Office Address:

2828 SW 23 TERRACE

Enter Florida street address

MIAMI

City

Florida 33145

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	GUTIERREZ LAURA	20801 BISCAYNE BLVD	<input type="checkbox"/> Add
		Ste 403	<input checked="" type="checkbox"/> Remove
		AVVENTURA FL. 33180	<input type="checkbox"/> Change
AMBR	ALTERLION HOLDING, LLC	6727 POINCIANA CT	<input checked="" type="checkbox"/> Add
		SOUTH MIAMI	<input type="checkbox"/> Remove
		FLORIDA 33143	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 JUL -9 PM 3:30
CLERK OF COURT
CLERK OF COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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JUL -9 PM 2:30
18
CLERK OF DISTRICT COURT
JUL 11 1997

F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(b) The 90th day after the record is filed.

Dated 05/01/2018

Signature of a member or authorized representative of a member

LAURA GUTIERREZ

Typed or printed name of signee