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(Re	equestor's Name)	
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Na	ame)	
(Document Number)			
Certified Copies	_ Certificate	es of Status	
Special Instructions to	Filing Officer:		





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COVER LETTER

TO: Registration Secti Division of Corpo	
SUBJECT: Alse	Tusurance (C Name of Limited Liability Company
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	I quacio Alzun
	Alse Insurance LLC
	4744 SW 165th Av. 1
	Miramar fl 33027 City/State and Zip Code Cod Zuru Quano Com E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Iquacio A Name of P	at (646) 552 9350 Area Code Daytime Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	following amount: \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee, } \text{ Certificate of Status & } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (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

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	<u>_</u>
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on <u>Florida</u>	and assigned
A. If amending name, enter the new name of the limite	ed liability company here:	15 PM 1
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4011 West Flag Miami, Fl 33	ler street #302 134
B. If amending the registered agent and/or registered agent and/or the new registered office addre		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Deviel Sebastiani 4744 Sw 165+4 Av. DAdd Miramar, fl 33027 Remove ☐ Change MGR Juan A. López 4011 W Flagler St. #302 MANN Miami, fl 33134 - Remove ☐ Change □ Add ☐ Remove Change 🗖 Add ্ □'Remove ☐ Change □ Add ☐ Change □ Add ☐ Remove

_____ Change

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fective date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 9. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	12:01 a.m. on the earlie
11/13/2018	
	ber

Page 3 of 3

Filing Fee: \$25.00