1180000 46717

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500325810895

03/11/19--01021--009 **S0.00

COVER LETTER

TO:		istration Sect sion of Corpo		·	
OTIBLE		FEBRES INS	URANCE LLC		
SUBJE	CI:		Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
			nendment and fee(s) are sub-		
Please r	eturn	all correspond	lence concerning this matter to	o die foliowing.	10000000000000000000000000000000000000
				Name of Person	
				Firm/Company	
	8405 MEER WAY APT 302				
	Address		ر برد برد		
	KISSIMMEE, FL 34747-3087 City/State and Zip Code febresinsurance@gmail.com				
				to be used for future annual report notific	ation)
For furt	her in	nformation cor	ncerning this matter, please ca	all:	
GUILL	ERM	O FEBRES		305 916-9196 at ()	
	_	Name of I	erson	Area Code Daytime	Celephone Number
Enclose	d is a	check for the	following amount:		
□ \$ 25	,00 F	iting 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEBRES INSURANCE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on FEBRUARY 21, 2018	and assigned
Florida document number L18000046717		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
GEM LATINO SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation 4.1.C.
Enter new principal offices address, if applicable:	8615 COMMODITY CIRCLE	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	
Enter new mailing address, if applicable:	8615 COMMODITY CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32819	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>en</u> <u>e</u> :	ter the name of the new
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>	Type of Action
MGR	ELSIMAR DURANGO	10257 LAXTON ST	■ Add
		ORLANDO, FL 32824	~ Add
		ORDANIXO, 11. 32024	□ Remove
			□ Change
MGR	MARIA MOGOLLON	1924 MEADOW POND WAY	Add
		ORLANIX), FL 32824	Add Remove
			☐ Change -
			□ Add
			Change
			Add
			Remove
			Change
			
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

	<u> </u>
	i T
	7. 8
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an e he 90th day after the record is filed.	effective time, at $12\!:\!01$ a.m. on the earlier c
le sotti day atter the record is med.	
ed Youch 7,2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00