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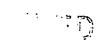
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SUBJE	<u>. </u>		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Lizabeth Somoza		
		-	Name of Limited Liability Company mendment and fee(s) are submitted for filing, ence concerning this matter to the following: Lizabeth Somoza Name of Person Somoza Insurance LLC: Firm/Company 210 S. Parsons Ave. #4 Address Brandon, Fl. 33511 City/State and Zip Code somozainsurancelle@gmail.com E-mail address: (to be used for future annual report notification) erning this matter, please call: at (4) Area Code Daytime Telephone Number	
	Somoza 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: Lizabeth Somoza Name of Person Somoza Insurance LLC: Firm/Company 210 S. Parsons Ave. #4 Address Brandon. Fl. 33511 City/Ntate and Zip Code somozainsurancellc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lizabeth Somzoa Name of Person Enclosed is a check for the following amount:			
			Firm/Company	ip Code e annual report notification)
		210 S. Parsons Ave. #4		
			Address City/State and Zip Code ancelle@gmail.com Tamail address: (to be used for future annual report notification) atter, please call: at (Area Code Daytime Telephone Number S55.00 Filing Fee & S60.00 Filing Fee, telephone Status & Certified Copy (additional copy is enclosed) Certified Copy (Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (Certificate of Status & Certified Copy (Certified Copy (Ce	
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			City/State and Zip Code	
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		E-mail address: (to be used for future annual report notit	ication)
For furth	ner information c	oncerning this matter, please ca	all:	
Lizabeti			813 434-5080 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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



2019 POT 18 AM 8: 25

Somoza 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 Comp Florida document number L18000064478	pany were filed on 03/12/2018	and assigned
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 ADDRES.	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registere	d office address on our reco	ards enter the name of the new
registered agent and/or the new registered office address		and the mante of the nex
Name of New Registered Agent:	<u> </u>	·
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, as provided for in Chapter 60	and I am familiar with and
1 7	Changing Bagistered Agent Signature	and of Name Description of America

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>	Address	Type of Action
MGR	Lizabeth Somoza	210 S. Parsons Ave. #4 Brandon, Fl. 33511	Add
			Remove
			Add
			□ Remove
			Change
			□ Add
			Remove
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ffective date, if other than the date an effective date is listed, the date must be sote: If the date inserted in this block locument's effective date on the Department.	does not meet the appli	cable statutory filing i	(optional) e than 90 days after filing.) Pr requirements, this date wi	usuant to 605.0207 Il not be listed as
e record specifies a delayed ef The 90th day after the record	fective date, but n is filed.	ot an effective tin	ne, at 12:01 a.m. on	the earlier o
ated November 13	2019	<u>/</u> .		
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