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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Achieve Ir	Isurance	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Nicholo	as Cirio	
		Name of Person	
		Insurance Firm/Company	
	1860 old 0	Keechobee Rd # 10	5
		Beach 1FL 33 City/State and Zip Code	409
	nickcirio	gmail.com to be used for future annual report noti	(fication)
For further information	n concerning this matter, please co		curon,
Nicholas Name	Cirio e of Person	at (50) 797 Area Code Daytim	8437 ne Telephone Number
Enclosed is a check for	r 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

Achieve (Name of the Limited Lia (A Flo	INSUVANCE ability Company as it now appears on our brida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 1800069</u>	•	18 and assigned
This amendment is submitted to amend the following	ı:	
A. If amending name, enter the new name of the J	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	9
		SECRET VISON C
Enter new mailing address, if applicable:		2- FAR
(Mailing address MAY BE A POST OFFICE BOX)		
D 16 12 14 14 14 14 14	1	22 3.401.28
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	ri address
	City	Zıp 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>	Name	Address	Type of Action
MGR	Evan Rodriguez	135 Country Club Drive	
		Taguesta, FL 33469	
			Change
			Remove
			Change
			Remove
			🗆 Change
			[] Add
			🛘 Remove
			🗆 Change
			□ Add
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			[] Remove
			☐ Change

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				DIVISION
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				CORPORA
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				- NO
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ffective date, if other than the dat an effective date is listed, the date must be	of filing:pecific and cannot be prior to date	of liling or more than 90 da	(optional) ys after filing.) Pursuant t	o 605.02
ote: If the date inserted in this block ocument's effective date on the Depar	oes not meet the applicable st	atutory filing requiremen	ts, this date will not be	e listed
e record specifies a delayed ef The 90th day after the record		effective time, at 12	:01 a.m. on the e	:arlier
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, ,	nure of a member or authorized i			_

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Filing Fee: \$25.00