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SECRETARY SEE FALE

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Tran	iparent Insu Name of Limit	cance Solution	<u></u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Lisa Trotz	_	
	Iransparent	Firm/Company	<u>ti % s</u>
	7830 Pay	ntife Circle	
		Address	
	Orland	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	2022 SEC
	trotake	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifica	tion)
For further information con	cerning this matter, please ca		2022 NOV -1 PH 1: 1
Lisa Trotzk	e-Laws	a(407) 454-(117
Name of t	Person	Area Code Daytime To	elephone 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 Se	ction	Street Address: Registration Section	on

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transparent Insura	ompany as it now appears on our records.)
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 4/3/2018 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>
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nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	A Company of the Comp
	77-1
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our records, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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
AMBR	Mohamed Ihbihane	7830 Pointview Circle Orlando, FL 32836	DAdd
		Orlando, FL 32836	□ Remove
			□Change
			🗆 Add
			□Remove
			Ospiange FALLIS
	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * *	Remove
		1 ;	□Add
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	ve date, if other than the date of filing: (optional)
	ctive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	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
is file	d.
	W102 2018
ated _	Signature of a member or authorized representative of a member
	4.: 7.1
	Signature of a member or authorized representative of a member
	·
	Lisa Trotzice - Laws Typed or printed name of signce