## 118000/04/15

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



700313026267

05/07/18--01016--010 \*\*25.00

THE RAY -1 PHIZ: 34

HAN OB POTO

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		INSURANCE GROUP LLC		
00001		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DEISELY DORTA		
			Name of Person	
		FALCON INSURAN	CE GROUP LLC	
			Firm/Company	······································
		7175 SW 8TH ST SU	NTE 217	
			Address	
		MIAMI, FL 33144		
			City/State and Zip Code	,
		deisely.dorta@gmai		
		E-mail address: (t	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
DEISELY DORTA			305 250-8661 at () Daytime	
	Name o	if Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
\$2.	5.00 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

(Name of the Limited Liabil)	rance Grou ity Company as it now appears a Limited Liability Company)			
The Articles of Organization for this Limited Liability ( Florida document number	Company were filed on	4/25/2018	and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ilted liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C.	11
Enter new principal offices address, if applicable:			TÜ 🚟	40 A1 A44
(Principal office address MUST BE A STREET ADD	RESS)			E }
			SS 1	CHESTA.
			mi~	- Image
Enter new mailing address, if applicable:				gramma is
(Mailing address MAY BE A POST OFFICE BOX)	اس <u> </u>	, , <u>, , , , , , , , , , , , , , , , , </u>		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, ente	r the name of	the new
Name of New Registered Agent:				·····
New Registered Office Address:				
	Enter Flori	da street address		
		, Florida		
<del></del>	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>	Name	Address	Type of Action
MGR	DEISELY DORTA	7175 SW 8TH ST SUITE 217	■ Add
		MIAMI FL 33144	Remove
			Change
A			Add
			□ Remove
			☐ Change
,			
			□ Remove
			☐ Change
			Add
			A CONTRACTOR AND
			O Change
			Add R
			Add R C C C C C C C C C C C C C C C C C C
			Change
	<del></del>		
			☐ Remove
			□ Change

					_
					_
					_
					-
	·				<del>-</del>
					_
				**************************************	-
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				_
					_
					_
					_
					_
		79.719.442.0			_
ective date, if other than effective date is listed, the dat te: If the date inserted in thanment's effective date on t	e must be specific and canno his block does not meet th	t be prior to date of filing e applicable statutory	or more than 90 days after	onal) filing.) Pursuant to 60 date will not be lis	)5,0207 (3 sted as th
record specifies a dela he 90th day after the		but not an effecti	ve time, at 12:01 a	.m. on the earl	
ed 05/01/J	<i>918</i>	·		ALL AT	
	yl.	Apple a	No of o march	ASSE ASSE	-
	NUMBER OF STREET	a or aumorized represent	auve or a member	मिन ८५	<b>15</b>

Page 3 of 3

Filing Fee: \$25.00