Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: ELJAJEK, RUJZ, RODR JGUIZ, ALVEREZ, PLLC

Account Number: 120030000013 Phone : (305)444-5809 Fact Number : (786)532-9173

> "Enter the email address for this business entity to be used for future annual report mailings. Enjoy one amail address places."

Email Address: MME EMAJAW. CIM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CIC HOTALING INSURANCE SERVICES, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30,00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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TO: Registration Section
Division of Corporations

SUBJECT: CIC HOTALING INSURANCE SERVICES, 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:

| (9105 F. Rodriguez, esq. |
|--|
| Name of Person |
| EPPA LAN |
| Firm/Company |
| 2601 S. Baychore Dr., 18th Floor |
| Address |
| coconut orave, 42 33133 |
| City/State and Zip Code |
| Creergaw.com E-mail address: (to be used for future annual report notification) |
| E-timit strenger: (so the reson for infine survey) (chort porting around |

For further information concerning this matter, please call:

C91106 F. ROOFF9167, esq. at 796 369-8264

Name of Person Number

Area Code Daytime Telephone 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 exclosed)

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

ARTICLES OF ORGANIZATION **OF**

CIC HOTALING INSUPANCE SERVICES, LLC

| (Name of the Limited Lability (A Florida | ty Company as it now appears on our records.) Limited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability C Florida document number 119000131664 | Company were filed on 06/26/18 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ited liability company bere: |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LLC" or the abbreviation "LLC" |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDR | <u>ESS)</u> |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registeres | d Agent: |
| provisions of all statutes relative to the proper and co accept the obligations of my position as registered as | and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability |
| | If Changing Registered Agent, Signature of New Registered Agent |

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10/18/2022 7:00:24 AM PST (GMT-8) FROM: 7865329173-TO: 18506176381 Page: 5 of 6.
is 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

| Title | Name | Address | Type of Action |
|-------------|---------------------|---------------------------|----------------|
| <u>ambr</u> | corporate incurance | 2103 coral way, syite 721 | _ MAdd |
| | | M9Mi, FL 33146 | □Remove |
| | | | _ Change |
| | | | _ DAdd |
| | | | _ CRemove |
| | | | _ Change |
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| | | | _ DAdd |
| | | | (] Remove |
| | | | [] Change |

| f amend | sing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| an effecti lote: If | e date, if other than the date of filing: |
| record a | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated : | october 17, 2022 |
| | Signature of a member or adilystrized representative of a member |
| | carlus F. Rodriquez, esq. |

Filing Fee: \$25.00