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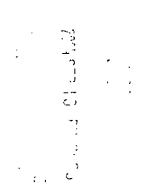
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COVER LETTER

TO:

Registration Section

. Division of Cor	porations		
SUBJECT: RMUNOZ	INSURANCE, LLC		
SOBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RENATO ENRIQUE MU		
		Name of Person	
	RMUNOZINSURANCE.	LLC Firm/Company	
	13300 FAIRWAY GLEN	DR APT 103	
		Address	
•	ORLANDO, FL 32824	City State and Zin Code	
	renatomunozacosta@gmail	Name of Limited Liability Company and fee(s) are submitted for filing. Perning this matter to the following: DENRIQUE MUNOZ ACOSTA Name of Person ZINSURANCE, LLC FirmsCompany AIRWAY GLEN DR APT 103 Address DO, FL 32824 City/State and Zip Code nozacosta@gmail.com E-mail address: (to be used for future annual report notification) s matter, please call: STA at (786 Area Code Daytime Telephone Number amount: Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
For further information c	E-mail address: (oneerning this matter, please c	·	fication)
RENATO ENRIQUE M	UNOZ ACOSTA	at (786) 3029132	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed 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 Addres Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations [7] Callahassee [7] See Street, Suite 810 [7]

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMUNOZINSURANCE, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) V Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L18000198260	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
-		_
Enter non-mailing address if analisable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Ftori	da
	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	Evpe of Action
MGR	MUNOZ SILVA. RENATO ANDI		_ ⊒Add
٠		13300 FAIRWAY GLEN DR APT 103 ORLANDO I	¶ ≡ Remove
			_ □Change
			_ □Add
			_ ∃Remove
		.	_ ⊐Change
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 da	ys after filing.) Pu	rsuant to 605.0
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Filing Fee: \$25.00