

(Re	equestor's Name)	
(Ad	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bc	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	





RECEIVED



November 23, 2020

FLORIDA FILING

SUBJECT: 833 SEGUROS, LLC Ref. Number: L18000235566

We have received your document for 833 SEGUROS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00023527

Yasemin Y Sulker Regulatory Specialist III

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

Obbie Hodge

DATE:

11/20/20

NAME: 833 SEGUROS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Regis Divis	tration Section ion of Corporations
	833 Seguios, LLC Name of Limited Liability Company
SUBJECT:	Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return a	ll correspondence concerning this matter to the following:
	Alexa Azor Name of Person
	Simply Insure LLC Firm/Company
	10637 N Kendall Dr Svite 7L
	Miami, FL, 33176 City/State and Zip Code Broker & Simply in sure one+
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
	Alexa Azor at 30S 900 - 3145 Name of Person Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
⊠ \$25.00 Fil	ing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$ Certified Copy (additional copy is enclosed) \$60.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \$\Bigcup \$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Street Address: 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

833 Seguros, L	L C
(Name of the Limited Liability Company (A Florida Limited Lia	(as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 18000 235.</u> 566	' /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	 _ _
The new name must be distinguishable and contain the words "Limited Liability Indicated Liability Indicate	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10637 N Kendall Drive Suite 7L Es B Miami, FL 33176 8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Hexa	a Isabella Azor 500 0
New Registered Office Address: 16637	N Kendall Drive Suite 7L Enter Florida street address
Mian	City, Florida 33176

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>	<u>Name</u>	Address	Type of Action
AMBR	Jose J Garcia	1450 NW 87+ AVE STE 210) □Add
		Doral, FL, 33172	Remove
			Change
AM BR	Alexa I Azor	10637 N Kendull Dr StE7	LXAdd
		Minni, FL, 33176	□Remove
_		 	□Change
AMBR	Alberto M Jimmez	10637 N Kendall Dr StE 7	L DXAdd
		miam: FL, 33176	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
NIA
E. Effective date, if other than the date of filing: 11 18 20 20 (optional)
If the record 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 record is filed.
Dated November 18, 2020.
Signature of a member or authorized representative of a member
Hexa Hzor Typed or printed name of signer

Filing Fee: \$25.00