L190000 213960

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
l		

Office Use Only



500329400955

05/24/19--01011--019 **25.00

Dunend

JUN 1 3 2019

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Michelle Lopez Thsurone Agency 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:	
Name of Person	
Luchelle Lopez Insurance Agency LLC Firm/Company	
13574 Village Park Dr. Stc 105	
Or Icrdo, 71 32837 City/State and Zip Code	
Mopezi & farmersagent com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	- •
Mame of Person at (787) 509 - 6250 1	
Enclosed is a check for the following amount:	:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$	

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

Nu Chelle Cope Linsur Or (Name of the Limited Liability Comp (A Florida Limited	xa Agency Luck lany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19 000021390</u> .	_	and assigned \
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13574 Village Park Ste 105 Orlando, 71 32837	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13574 Village Pork [Stc. 105 Orlando 71 3283	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	•

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

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

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 Type of Action **Title** Name | Address 8158 Bellow St Orlando, D. Add MGR Lichelblopez FI 32827 _□ Remove ___ Change 8158 Bellow St Orlands & Add MGR Jorge Mendez FI 32827 _____ Remove _____ Change ☐ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove ____ □ Change □ Add ☐ Remove

_	
_	
-	
-	
_	
_	
-	
-	
_	· · · · · · · · · · · · · · · · · · ·
_	
-	·
-	
_	
_	
_	· ·
Note:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00