

L190000 26900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

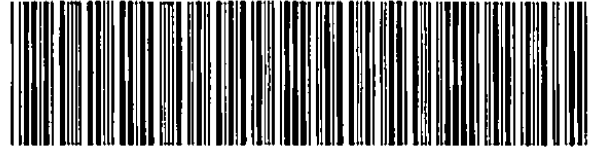
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TALLAHASSEE, FLORIDA

T.G.
2/25/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSURARCA 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:

RANDOLFO ASTERIO BUSTOS COBO

Name of Person

INSURARCA LLC

Firm/Company

15029 SW 8TH TERRACE

Address

MIAMI, FLORIDA 33194

City/State and Zip Code

insurarca@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randolfo Asterio Bustos Cobo

786

5568614

at ()

Name of Person

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 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

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TALLAHASSEE, FLORIDA

MAILED
AND
FILED

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RANDOLFO ASTERIO BUSTOS COBO	15029 SW 8TH TERRACE. MIAMI FL 33194	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANTONIA ELENA RIVERA	15029 SW 8TH TERRACE. MIAMI FL 33194	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	REBECA ELENA BUSTOS RIVERA	15029 SW 8TH TERRACE. MIAMI FL 33194	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROBERTO ANTONIO BUSTOS RIVERA	15029 SW 8TH TERRACE. MIAMI FL 33194	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

D: If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I want to change the initials of the Manager and the AMBRs as i filled in the amend.

Please send back the confirmation of changes to my email insurarca@hotmail.com or to my office

thats 15029 Sw 8th Terrace, Miami FL 33194

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-AND-
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TALLAHASSEE, FL 32310

E. Effective date, if other than the date of filing: 02/26/2019 (optional)

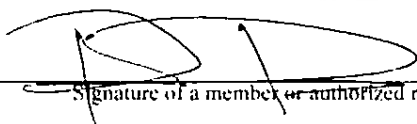
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 21st 2019



Signature of a member or authorized representative of a member

Randolfo Asterio Bustos Cobo

Typed or printed name of signee