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(Re	equestor's Name)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brothors Insurance Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mariza Sari Diaz Name of Person
Brothers Insurance LLC Firm/Company
Gan Main Street # 119 Address
Miamilates FL 33014 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marta Gari at 305,409-2741 Name of Person at 305,409-2741 Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fce

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brothers Tosc (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 1900090142	were filed on 422019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	195
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	Tice address on our records, enter the name of the never
Name of New Registered Agent: New Registered Office Address: 10 11 12 13 14 15 15 15 15 15 15 15	E. DIQZ Haid Street #119 Enter Florida street address Lake, Florida 33014 City Zip Code
Now Degistered Agent's Constant of changing Degistered Agents	

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 **Title** Type of Action <u>Name</u> □ Change □ Remove _□ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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terico <u>ter</u> lí	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	า 605.02 : listed
umer	it's effective date on the Department of State's records.	
reco he c	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the electric day after the record is filed.	arlier
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	Signature of a member or authorized representative of a member	-

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Filing Fee: \$25.00