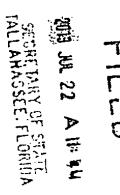
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Multinsurance Same of Lim	Soltions LLC 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:	
		paire (Satizabal	
	(Name of Person	
		Firm/Company	
	. 34	116 King Richard Ct	
		V	
	Seff	incl. FL, 33584	
	E-mail address: 1	City/State and Zip Code (Satizabal megmail. to be used for future annual report notifi	Coro
	oncerning this matter, please co		
		TAYUNK TAYUNK	reteprone summer
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STRFFT/COURI	TR ANNESS.

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

TO

TO ARTICLES OF ORGANIZATION OF

Multinswance Solutions LLCFILED

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company were filed on	5/07/2019	22 A linky and assigned
Florida document number <u>L1900012320</u>		SEGRETA TALLAHAS	RY OF STATE SEE, FLORIDA
This amendment is submitted to amend the follow	ving:	. •	
A. If amending name, enter the new name of a	the limited liability company he	ere:	
The new name must be distinguishable and contain the wo		-	
Enter new principal offices address, if applica-	ble: 3416 K	ing Michard	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS) Seffnei	FL, 33584	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			
B. If amending the registered agent and/oregistered agent and/or the new registered off	ice address here:		the name of the n
Name of New Registered Agent:	3416 King Richard Enter Flo	ibal	
New Registered Office Address:	3416 King Richer	2 ct	
	f Enter Flo	rida street address , Florida	235 <u>8</u> u
	City	, riorida	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

reason(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records: MGR = Manager AMBR = Authorized Member Title **Name** Address **Type of Action** ____ Change __ D Change _□ Add □ Remove _____ Change __ 🗆 Add ___ 🗆 Remove ___ Change ☐ Remove ______ Change ___ 🗆 Add __

Remove

_____ Change

Effective date, if other than the date of filing: 7/19/19 (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. It is usual to 695.024 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated 97/17 Hypothere of a member of authorized representative of a member of state is predictive time, at 12:01 a.m. on the earlier of the point day after the record is filed.		
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Janes Satizalay	Dated _	<u> </u>
Janes Satizalay		
Janes Satizalay		Jan 1
Janes Satizalay		Signature of a member or authorized representative of a member
		$A \leftarrow + 1$

Page 3 of 3

Filing Fee: \$25.00