

L19000123205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



300335958823

10/25/18--01018--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 25 AM 11:27

Special Instructions to Filing Officer:

Javier Satizabal gave
authorization to correct
spelling of name / name change
and requested to add the
tax number 11/16/19
dec

Office Use Only

Amend / name change

NOV 16 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Multinsurance Solutions
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:

James Satizabal
Name of Person

Firm/Company

3416 King Richard Ct
Address

Safford, FL 33584
City/State and Zip Code

multinsurancesolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Satizabal at (321) 557-3978
Name of Person Area Code Daytime Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 25 AM 11: 27

Enclosed is a check for the following amount:

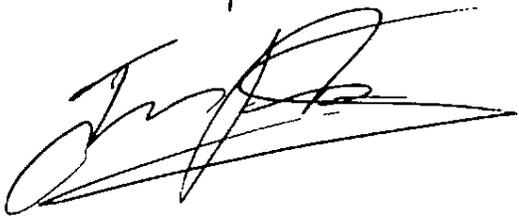
- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Last Time I sent a check to update (correct) the spelling of the company. I had to call several times to update it on system. My name was not updated. It was removed as owner. Now I can't do much please correct it and change the address

Sincerely

A handwritten signature in black ink, appearing to be 'J. P. [unclear]', written over a horizontal line.

D.S. I went back to the USPS and got letter and sent right forms

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 25 AM 11:27

Multinsurance Solutions

(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 Liability Company were filed on May 7 2019 and assigned Florida document number L19000123205.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mult Insurance Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Javier Sotizabal
3416 King Richard Ct
Seffner, FL 33584

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Javier Sotizabal

New Registered Office Address:

438 E Brandon Blvd, Suite 2C

Enter Florida street address

Brandon

City

Florida

33511

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

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	Javier S. Tizabal	3416 King Richard Ct Seffner FL 33584	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

New address on the business 738 E Brandon Blvd, Suite 2C
Brandon, FL, 33511

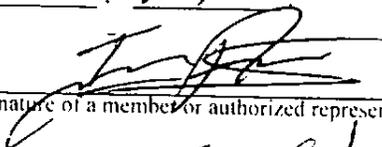
Tax # 83-4683766

E. Effective date, if other than the date of filing: _____ (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 Oct-22, 2019


Signature of a member or authorized representative of a member

Tariq Setizadeh
Typed or printed name of signee