119000 130266

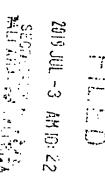
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
	siness Entity Name	<u> </u>
(60	isiness Enuty Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Eiling Officer:	

Office Use Only



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Y SULKER
JUL 1 5 2019

COVER LETTER

	egistration Sec ivision of Corp			
cup in Ca	Obre Insura			
SUBJECT	:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subr		
		Javier Obregon		
			Name of Person	
		Obre Insurance Group		
			Firm/Company	
		6701 Sunset Drive Suite 11	1	
			Address	
		Miami, Florida 33143		
			City/State and Zip Code	
		JOBRE008@GMAIL.COM		
		E-mail address: (t	o be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please ca	till:	
JAVIER	OBREGON		786 431-7831	
	Name o	f Person	at ()	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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:	STREET/COUR	RIER 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBRE INSURANCE GROUP			
(Name of the Limit	ed Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited L	iability Company were file	d on 05/14/2019	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability com	pany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Compar	ny," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			CO TO
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		2
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office add office address here: JAVIER OBREGON	ress on our records,	enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	8603 SW 68TH COURT	APARTMENT 21 Enter Florida street address	
			E1
	MIAMI City	Flori	ida ^{FL} Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro-	ed agent and agree to act	in this capacity. I furth nance of my duties, and	her agree to comply with the Lam familiar with and

Je Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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>	Type of Action
MGR	MARIO A OBREGON	10641 SW 73 TERRACE MIAMLFL 33173	□ Add
			■ Remove
			Change
			□ Add
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
		_	
			Remove
			□ Change

MEMBER OF THE LLC.	THANK YOU SO MUCH!			
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				73V4
ive date, if other than t	he date of filing:		(optional)	
ective date is listed, the date r If the date inserted in this	must be specific and cannot be pri block does not meet the appl Department of State's record	licable statutory filing	re than 90 days after filing.) Pu	rsuant to 605 I not be liste
cord specifies a delay 90th day after the r	ved effective date, but r ecord is filed.	not an effective ti	ne, at 12:01 a.m. on	the earli
JUNE 28	2019			
	Signature of a member or au	thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00