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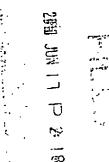
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COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT:	licalles Insc	Urance LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Jorge	A Miralles Name of Person	
		Insurance LL	
		IW 16744 ST	
	Hiale	ah F 33015 City/State and Zip Code	
		Wez acc + @ 9 m	
For further information con	ncerning this matter, please ca	11:	
Joge A. Name of	Mialles	at (305) 494 - Area Code Daytime	-0341 e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on SIDILITIP 2 19 and assi Florida document number L 19 000 13 9 93 7 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	gned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	C."
Enter new mailing address, if applicable:	
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 registered agent and/or the new registered office address here:	of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	
City Zip Code	

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. Ov, 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

MGR = M $AMBR = A$	Janager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Delia mary Miralles	7693 NW 167th ST Hialeah, Fr 38015	 Add
		malah, Te 3015	Remove
			🗖 Change
			Add
			☐ Remove
			Change
			□ Remove
			□ Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

	· ·
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	June 4 , 2019
	Signature of a member or authorized representative of a member
	Jorge A. Whalles Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00