

219 000 145361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

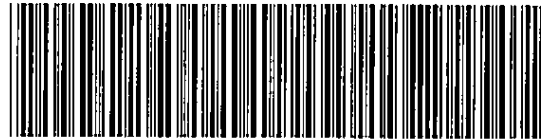
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend/Name
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I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADJS INVEST 70 AHA, LLC

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:

Joseph E. Altschul

Name of Person

Joseph E. Altschul, LLC

Firm/Company

1911 NW 150th Ave., # 203

Address

Pembroke Pines, FL 33028

City/State and Zip Code

jea@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph E. Altschul

954 556-4821
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ADJS INVEST 70 AHA, LLC

(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 31, 2019 and assigned
Florida document number L19000145361.

This amendment is submitted to amend the following:

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

Personal Lines Insurance Group, 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:

4156 NW 21st Avenue

(Principal office address MUST BE A STREET ADDRESS)

Oakland Park, FL 33309

Enter new mailing address, if applicable:

4156 NW 21st Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Oakland Park, FL 33309

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:

Andres Guzman

New Registered Office Address:

4156 NW 21st Avenue

Enter Florida street address

Oakland Park

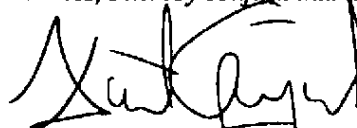
Florida 33309

City

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>
AMBR	Andres Guzman	4156 NW 21st Avenue Oakland Park, FL 33309	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Axel Jordan	7001 NW 25TH STREET MIAMI, FL 33122	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADJS INVESTMENTS, LLC	7001 NW 25TH STREET MIAMI, FL 33122	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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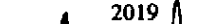
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

2019



Signature of a member or authorized representative of a member

Typed or printed name of signee