L19000166917

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COVER LETTER

TO:

TO: Registration So Division of Con	rection rporations			
D' BRIDGI	E INSURANCE GROUP, LLC	:		
SUBJECT:	E INSURANCE GROUP, LLC Name of Litr	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Daynelis Perez			
		Name of Person		
	D' BRIDGE INSURANCE	GROUP, LLC		
		Firm/Company		
	3620 6th Ave SE			
		Address		
	Naples, FL 34117			
		City/State and Zip Code		
	lis.dayne@gmail.com			
	E-mail address: (to be used for future annual report n	otilication)	
For further information of	oncerning this matter, please c	all:		
Daynelis Perez		786 728-5384		
Name o	of Person	at () Area Code Dayt	ime Telephone Number	
Enclosed is a check for t	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)	
Mailing Addres		Street Address:	Saution	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D' BRIDGE INSURANCE GROU	P, LLC	
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited I Florida document number L19000166917	Jability Company were filed	on 06/25/2019 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	nnv here:
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE	cable:	," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		2023 AUG SECRET
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or		our records, enter the name of the new registered
agent and/or the new registered office addre	ess here:	FILE 19
Name of New Registered Agent:	Daynelis Perez	
New Registered Office Address:	323 Airport Pulling Rd N	ter Florida street address
	Naples	Florida 34104

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.

City

Zip Code

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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>	Address	Type of Action
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			⊡Remove
			□Change
			□Remove
		- 	
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			□Remove
			□Change
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			□Remove
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			□Remove

				
-				
	08/01/2023			
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te: If the date inserted in this block	c does not meet the applica	ble statutory filing requi	rements, this date will n	ot be listed as
cument's effective date on the Depa	irtment of State's records.			
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Filing Fee: \$25.00