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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
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JUN 0 2 2021

D CUSHING

COVER LETTER

TO;

Name of Limited Liability Company
Tec(s) are submitted for filing.
g this matter to the following:
Name of Person
CY INSULANCE MANNING GOVER LLC
Address S7 ~
City/State and Zip Code At wat Castillo G Gmail COM mail address: (to be used for future annual report notification) atter, please call:
mail address: (to be used for future annual report notification)
itter, please call:
at (786) Area Code Daytime Telephone Number
int:
rig Fee &
Street Address: Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	
(Name of the Limited Liability Companies (A Florida Limited Liability Companies)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company was document number \(\frac{1}{2} \fr	vere tiled on 8 5 19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	661 NE UBIN. Higher FT. 33010
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	661 NEYLL DI. Hialeuh FI-33040
B. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: White	Enter Florida street address
	Florida 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>	Address	Type of Action
MGR	Kristian Castilla	661 NE Uth pl.	□Add
		Hiuleah, FL. 33010	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change

ise ti Alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an et) Note:	ive date, if other than the date of filing: (optional) ective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the recor	d 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 led,
Dated	Signature of a member or authorized representative of a member
	Listian Castillo

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