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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| SUBJECT: REJUTO                   |   | Tance Group  ited Liability Company                                 | LLC  |
|-----------------------------------|---|---|--|
| The enclosed Articles of Amend    |   |   |  |
| Please return all correspondence  | concerning this matter                      | to the following:   |  |
|                                   | Pedro (                                     | Name of Person  |  |
|                                   | Reluted I                                   | nsurance Gra  | up LLC   |
|                                   |   | 36 St #630<br>Address   |  |
|                                   | Mami  | City/State and Zip Code   |  |
|                                   | E-mail address: (                           | 2 ( Rejated in terms to be used for future annual report notion     | national Realty. Com   |
| For further information concerni  | ng this matter, please ca                   | all:  |  |
| PldW Gonzal<br>Name of Person     | e 7   | at ( <u>305</u> ) <u>975-7</u><br>Area Code Daytim                  | 006<br>e Telephone Number  |
| Enclosed is a check for the follo | ving amount:                                |   |  |
| <b>X</b> \$25.00 Filing Fee □ \$. | 80.00 Filing Fee &<br>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 AI<br>Registration Se     |   | STREET/COURI<br>Registration Sectio                                 |  |

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PPICHED INSURA<br>(Name of the Limited Liability Con<br>(A Florida Limit  | ince Gr                  | oup LLC                   | 1-3 P                |
|---|--------------------------|---------------------------|----------------------|
|   |                          |                           |                      |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number $1900211796$ .           | nny were filed on        | 3/19/2019                 | Sand assigned        |
| This amendment is submitted to amend the following:   |                          |                           |                      |
| A. If amending name, enter the new name of the limited li   | iability company her     | <u>re</u> :               |                      |
| The new name must be distinguishable and contain the words "Limited Lie   | ability Company," the de | signation "LLC" or the ab | abreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |                          |                           |                      |
| (Principal office address MUST BE A STREET ADDRESS)   |                          |                           |                      |
|   |                          |                           |                      |
| Enter new mailing address, if applicable:   |                          |                           |                      |
| Mailing address MAY BE A POST OFFICE BOX)   |                          |                           |                      |
|   |                          |                           |                      |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |                          | our records, enter        | the name of the new  |
| Name of New Registered Agent:   |                          |                           |                      |
| New Registered Office Address:  | Enter Fioria             | la street address         |                      |
|   |                          | , Florida                 |                      |
| <del> </del>  | 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> | Name           | Address                | Type of Action |
|--------------|----------------|------------------------|----------------|
| MGR          | Michael Viaros | 8750 NW 36 St #630     | □ Add          |
|              |                | <u> Hiami</u> F1 33178 | Remove         |
|              |                |                        | □ Change       |
| <del></del>  |                |                        | □ Add          |
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| (If an effect<br><u>Note:</u> If | e date, if other than the date of filing:   |
| the reco<br>) The 9              | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed. |
| Dated <u>S</u>                   | P.B. 6  |
|                                  | Signature of a member or authorized representative of a member  |
|                                  | Pedro Gonzalez Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00