L19000227935

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	<u> </u>
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trust Pro Insurance Group, 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:	
Jessenia Villanuevau Name of Person	
Firm/Company	
3715 Parcidisc Cic.	
City/State and Zip Code	
jessenia Villanueva @ Pacificcrestinsurance.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Version Service Villanucus at HO7 223-7284 Name of Person Area Code Daytime Telephone Number	
Nume of religions religions religions religions.	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900227935</u> .	α
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	(Name of the Limited Liability Company as it now abpears on our records.) (A Florida Limited Liability Company) I for this Limited Liability Company were filed on
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	318 N. John Young Pkung, St. 5A
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, F.L. 34741
Enter new mailing address, if applicable:	318 N. Jan Young Pkuy, Ste. 5A
(Mailing address MAY BE A POST OFFICE BOX)	<u> 112,00000, 1-1. 54141</u>
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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

		Manager - Authorized Member		
	<u>Title</u>	Name	Address	Type of Action
1	MGR	Jessenia Villanueva	Address 318 N. John Young Picwy., S Kissimmer, Fl 34741	He. SFI X(Add
				□ Remove
Ţ				Change
7	MGR	Pablo E. Guzman		🗆 Add
			318 N. John Young Pkwy.	Remove SR. JA
			Kissimmer, FL 34741	Change
				🗆 Add
				Remove
				Change
	 			🗆 Add
				Remove
				Change
				Add
				Remove
				Change
			<u> </u>	Remove
				□ Change

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

· 	
_	
_	
-	
_	
_	
If an effec Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
Dated _	October 29th. 2019.
	Signature of a member or authorized representative of a member
	Jessenia Villanueua Typed or printed name of signee

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Filing Fee: \$25.00