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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Limited	POLICY DEP	0T
The enclosed Articles of Art	nendment and fee(s) are submitt	ed for filing.	
Please return all corresponde	ence concerning this matter to the	ne following:	
	Jackel	inc Del Rio Name of Person	
	The Police	4 Depot	
i	7951 SW 4	Hoth St Svite	209
	miami 1	FL 33155 ity/State and Zip Code	
-	Heolia E-mail address: (to b	e used for future annual report notificati	al.com
For further information conc	erning this matter, please call:		
Jackeling Name of Pe	Del Rio	at (<u>DBO)</u> <u>A Le Ce</u> — Daytime Tel	TLe CO 7 ephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

The Policy	Depot as & n
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000264389</u>	were filed on 10/22/19 Sand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7951 SW 40+h St
(Principal office address MUST BE A STREET ADDRESS)	Suite 209
	Miami, FL 33155
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
		☐ Remove	
		□ Change	
		☐ Remove	
			☐ Change
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
Dated November 6. 2019.
Signature of a member or authorized representative of a member
Jackeline Del Rio Typed or printed name of signee

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Filing Fee: \$25.00