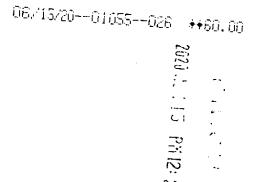
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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

Registration Section

TO:

Division of Corporations			
D&F Infini	ty Reinsurance Brokers LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fikra D. Demirova		
		Name of Person	
	D&F Infinity Reinsurance	Brokers LLC	
		Firm/Company	
	1425 Brickell Avenue, Ap	artment 58C	
		Address	
	Miami, Florida, 33131		
		City/State and Zip Code	
	Desi@infinityrebrokers.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Fernando Rojas Castillo		786 6421698	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

D&F Infinity Reinsurance Brokers LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>F</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/11/2019	and assigned
Florida document number L19000287908	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	" or the abbreviation: "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDR	(ESS)	
		ر، '
		PH 12:
Enter new mailing address, if applicable:		1,5
Mailing address MAY BE A POST OFFICE BOX)		'ద
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter</u>	the name of the new regis
New Basistand Office Address		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address.	Enter rioriaa street aaaress	1
New Registered Office Address:		orida Zip Code

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	Fikra D. Demirova	1425 Brickell Avenue, 58C, Miami,FL,33131	□Add
			□Remove
			Change
MGR Fer	Fernando Rojas Castillo	1425 Brickell Avenue, 58C, Miami, Fl, 33131	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			(Change
			□Add
			□Remove
			□Change

f amendir	ng any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · ·	
fan effective Note: If the	e date inserted in this block	ate of filing: February 1st 2020 (optional) Respectific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 and does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
record spe d is filed.	ecifies a delayed effective d	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 1st	, <u>2020</u>
		HULL
•	Sig	gnature of a member or authorized representative of a member
		Fikra D.Demirova
-		Typed or printed name of signee

Filing Fee: \$25.00