L19000294453

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>
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COVER LETTER

Division of Corp	porations			
	NSURANCE GROUP, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Engris Morales			
		Name of Person	,	
	Pegasus Insurance Group.	LLC		
		Firm/Company		
		Address		
	ORLANDO, FL 32832			
	A	City/State and Zip Code	,	
	ENGRISMORALES@HOT			
	E-mail address: (to be used for future annual report notif	ication)	1
For further information co	oneerning this matter, please co	ali:		13 F
ENGRIS MORALES		407 415-2337		
Name of	Person	Area Code Daytime	Telephone Number	- 600 C
Enclosed is a check for the	e following amount:			HORAT
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

PEGASUS INSURANCE GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	_iability Company	were filed on DEC	CEMBER 02, 2019	and assigned \mathcal{Z}
Florida document number L19000294453	··			
This amendment is submitted to amend the fol	lowing.			
A. If amending name, enter the new name	of the limited liab	oility company her	re:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE		-		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	cords, <u>enter the name</u>	of the new registered
agent and of the new registered office additi	Las nere.			
Name of New Registered Agent:	ENGRIS MOR	RALES		
New Registered Office Address:	10524 MOSS PARK RD, SUITE 204-119			
	Enter Florida street address			
	ORLANDO		Florida 3283	32
		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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ENGRIS MORALES	10524 MOSS PARK RD, SUITE 204-119	□Add
		ORLANDO, FL 32832	□ Remove
MGRM	DENNIS J MORALES	10524 MOSS PARK RD, SUITE 204-119	
		ORLANDO, FL 32832	□Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
		·····	□Add
			□ Remove
			□Change

Example of a member ENGRIS MORALES **Rective date is stated. The date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 dots: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records. **Rective date on the Department of State's records.** **The 90th day after the distribution of a member of a									
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FEBRUARY 10 2020 C C C C Signature of a member or authorized representative of a member	is filed							The 90th day	after t
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Filing Fee: \$25.00