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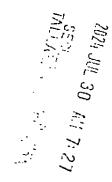
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

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TO:

TO: Registration Se Division of Cor				
	O TRUST INSURANCE LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	DANIEL A. URDANETA			
		Name of Person		
	GLOBALPRO ADVIROR	S INC		
		Firm/Company		
	981 NW 97TH CT.			
	_	Address		
	DORAL, FL 33172			
•		City/State and Zip Code		
	DANIELUH@GLOBALPR			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	all:		
DANIEL A. URDANET	A	754 213-5907		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 Address		Street Address:	ction	
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 632	-	The Centre of T	-	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAMINGO TRUST INSURANCE LLC						
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)					
The Articles of Organization for this Limited Liability Company were filed on 04/30/2020						
lorida document number L20000109319						
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited liability company l	nere:					
he new name must be distinguishable and contain the words "Limited Liability Company," the	三百二字					
nter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRESS)	; - ω					
	1					
	· 유민 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등					
nter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)	·					
If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regis					
eent and/of the new registered office address here.						
Name of New Registered Agent:						
New Registered Office Address:						
Enter Fl	orida street address					

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
P 	TRUJILLO RODRIGUEZ, ANGEL	1962 SW 185TH AVE	© Add
		MIRAMAR FL 33029	□Remove
			□Change
			□Add
			□ Remove
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	ther than the date of sted, the date must be soon		to date of filing or more t	(optional) han 90 days after filing.) Pu	rsusmt to 605 020
Note: If the date in	serted in this block do	es not meet the applic		quirements, this date wil	
locument's effective	e date on the Departm	ent of State's records.			
	delayed effective date,	but not an effective ti	me, at 12:01 a.m. on the	he earlier of: (b) The 9	0th day after the
d is filed.					
		2024	1		
אל ע זווו		2024	_}		
Dated					
Pated		,			
Dated			5110		
Dated	Signati	ure of a member or author	mized representative of a	member	

10 miles