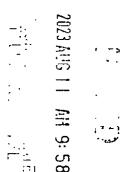
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Office Use Only

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COVER LETTER

TO:

Registration Section

Div	ision of Corp	oorations		
		SURANCE LLC		x.
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of /	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		MARTHA MEZA BARRE	то	
			Name of Person	
		MMEZA INSURANCE LI	C	
			Firm/Company	
		3024 SEAVIEW CASTLE	DR	
			Address	 -
		KISSIMMEE, FL 34746		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
MARTHA I	MEZA BARI	RETO	407 5029805 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
3 \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	gistration S gistration S vision of C D. Box 632 llahassee, F	Section orporations 7	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



MMEZA INSURANCE 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 Liability Company were filed on $\frac{06/26/2020}{1}$ and assigned Florida document number $\underline{\frac{1.20000179256}{}}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13574 VILLAGE PARK DR SUITE 125 Enter new principal offices address, if applicable: ORLANDO, FL 32837 (Principal office address MUST BE A STREET ADDRESS) 13574 VILLAGE PARK DR SUITE 125 Enter new mailing address, if applicable: ORLANDO, FL 32837 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: MARTHA MEZA BARRETO Name of New Registered Agent: 13574 VILLAGE PARK DR SUITE 125 New Registered Office Address: Enter Florida street address Florida 32837 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.

City

ORLANDO

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		<u>. </u>	□Change
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