L20000 180542

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SEP 11 2020 S. YOUNG

COVER LETTER

| TO: Registration Se Division of Cor | | |
|---|---|---|
| SURJECT: AA | A Golden Ru | 1/e Insurance LLC nited Liability Company |
| 30B0ECT | Name of Lin | nited Liability Company |
| | | |
| The enclosed Articles of | Amendment and fee(s) are sub | bmitted for filing. |
| Please return all correspo | ondence concerning this matter | to the following: |
| | MARY | LAZCA-NO Name of Person |
| | AAA GOl | den Rule Insutance IL e |
| | 11000 SU | 139 AVE Address |
| | MIAMI | City/State and Zip Code |
| | | (to be used for future annual aport notification) |
| For further information c | oncerning this matter, please o | |
| MARY | LAZCAND | at (786) 346 1209 Area Code Daytime Telephone Number |
| Mame o | f Person | Area Code Daytime Felephone Number |
| Enclosed is a check for the | he 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) |
| <u>Mailing Addres</u> Registration : | | Street Address: Registration Section |
| Division of C | | Division of Corporations |
| P.O. Box 632 | - | The Centre of Tallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

| | Or | | ہے |
|--|--------------------------------------|---|--|
| AAA Golde | n Rule | Insulance | ds.) 23 To 23 To 23 To 23 To 23 To 23 To 25 To 2 |
| (Name of the Limited Li (A F | ability Company orida Limited Lia | as it now appears on our recorbility Company) | ds) 23 TT |
| The Articles of Organization for this Limited Liabil | ity Company w | ere filed on $06/26$ | 202 Sand assigned |
| Florida document number $\angle 200001$ | 80542 | 2_ ' ' | |
| This amendment is submitted to amend the followin | g: | | |
| A. If amending name, enter the new name of the | limited liabili | ty company here: | |
| N/A | _ | | |
| The new name must be distinguishable and contain the words | "Limited Liability | Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : . | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| | - | | <u> </u> |
| Enter new mailing address, if applicable: | | , | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 . | MA | |
| | | , | ···· |
| B. If amending the registered agent and/or regist | tared affice ad- | duose ou our roomale orton | u tha manna af tha man naointanad |
| b. It amending the registered agent and/or regist agent and/or the new registered office address he | | aress on our records, <u>enter</u> | r the name of the new registered |
| | | NA | |
| Name of New Registered Agent: | 17 | <u> </u> | <u> </u> |
| New Registered Office Address: | <i>X</i> / | Enter Florida street addre | occ . |
| | , | | |
| _ | | City , F | lorida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------|--------------------------------------|----------------|
| manager | ELKA LAZCANO | 11000 SW 139 AVE | 🗆 Add |
| | | 11000 SW 139 AVE MIQ MI, F/ 33/86 | tremove |
| | | | Change |
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| Effective date, if other than the date of filing: D / J 3 200 20 (optional) If an effective date is listed, the date must be specific and cannot be prior to joile of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rd is filed. Dated DT//4/2020 Signature of a member or authorize of presentative of a member WARY LAZAWO Typed or pringed name of signee | • | |
|---|-----------|--|
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| | Dated | 07/14/2020 |
| | Date | |
| Signature of a member or authorized peresentative of a member | | |
| MARIL LAZCAND | | Signature of a member or authorized representative of a member |
| 1 Maple LAZCANI) | | |
| IIAKY ZACONO | | MARY LAZCANO |