

L20 000198714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

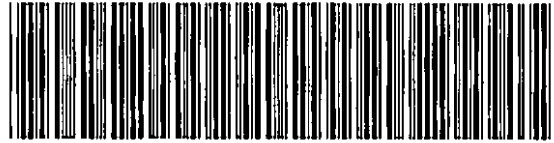
(Business Entity Name)

(Document Number)

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SEP 14 2020
TALLAHASSEE, FL

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D. BRUCE
OCT 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNL Insurance Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Numa EUSEBE
Name of Person

SNL Insurance Services LLC
Firm/Company

3825 Fallscresc Circle
Address

Clermont, FL 34711
City/State and Zip Code

numainsurance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Numa Eusebe at (954) 607 0366
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

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

SNL Insurance Services 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 7/10/20 and assigned
Florida document number L20000198714

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Numa Eusebe

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3825 Fallscrest Circle
Clermont, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Name of New Registered Agent:

Numa Eusebe

New Registered Office Address:

3825 Fallscrest Circle

Enter Florida street address

Clermont

City

Florida

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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.

Numa Eusebe
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>	<u>Address</u>	<u>Type of Action</u>
MGR	NUMA Eusebe	3825 Fallscresc circle	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Frantz Lee Eusebe	3825 Fallscresc circle	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECURITY DIVISION
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

To Who this may concern:
I make in error when fill out the form
I didn't understand the form I put my husband
Frantz Lee Eusebe as a manager. He is not the
manager I am the owner and the manager
I would like to remove him as manager
and add my name Numa Eusebe as the
manager if you have any questions I can
reach at 954-607-0366
Thank you in Advance Fr your help

NUMA EUSEBE

2020 SEP -3 PM 5:59
FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

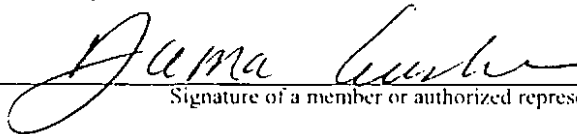
E. Effective date, if other than the date of filing: 7/10/20 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 09/11/2020



Signature of a member or authorized representative of a member

NUMA EUSEBE

Typed or printed name of signee