Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000178680 3)))



H240001786803ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*"

Email Address:_

DEFACTOR OF STATE VISION OF A SEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GUERRERO INSURANCE & CONSULTANCY GROUP LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

FILED &

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

MAY 21 2024

;

/					zation o	
<u>600</u>	RKERO	INSURANCE	AND	CONSU	. TANCY	
The	Articles of Organ	nization for this Limite and assigne	d Liability	Company wer locument nun	€ filed on aber	۷
	This ame	ndment is submitted to	amend th	e following:		
6 b F	Mike	RiveRA	AME	o R		
		GUERRERO			_ 	
	TANIA	RiveRA	AM	bR		
700	CAR; bb	ean blud	Su	ite 2	7/6	
		FL t				-
. U1 L	(A DETY	<u> </u>	99761			
				,··		
					~:	
<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	····	- 24	
					24 15.47	
						-
					7 AM IO: 1	m
			5/17	171		
ese article	s of amendment	were adopted on	311	1107		
	_	127			<u> </u>	
ted		1110		'		
				<u> </u>		
	•	of a member or authorized		e of a member		
	\sim	Typed or printed nar	A			
	<u></u>	Typed or printed nar	ne of signee			
w Registe	red Agent's Sign	nature, if changing Regi as registered agent. I am fa	stered Age	nt:		

Signature of New Registered Agent, if changing