## 420000319889

(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:  OCT 2 6 2022  A. LUNT			
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)		
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(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PICK-UP WAIT MAIL		
Certified Copies Certificates of Status  Special Instructions to Filing Officer:  OCT 2 6 2022	(Business Entity Name)		
Special Instructions to Filing Officer:  OCT 2 6 2022	(Document Number)		
Special Instructions to Filing Officer:  OCT 2 6 2022			
OCT 2 6 2022	Certified Copies Certificates of Status		
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•••	Special Instructions to Filing Officer:		
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A. LUNT	OCT 26 2022		
	A. LUNT		

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## **COVER LETTER**

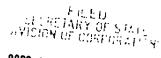
TO:	Registration Se- Division of Cor				
	ALL INSU	RANCE FINANCIAL GROUF	P. LLC	,	
SUBJE	(T:		ited Liability Company	<del></del>	
		Name of Cam	пец главниу Сопрану		
The enc	losed Articles of .	Amendment and fec(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		NESTOR G CAMACHO			
			Name of Person		
			Firm/Company		
	8014 W MCNAB RD				
			Address		
		NORTH LAUDERDALE,	FL 33068		
			City/State and Zip Code		
	epglobal.tax@gmail.com				
		E-mail address: (	to be used for future annual repo	ort notification)	
For furt	her information c	oncerning this matter, please ca	all:		
NESTO	R G CAMACHO	)	786 31434 at()		
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$2 <i>5</i>	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Addr		
Registration Section Division of Corporations		Registration Section Division of Corporations			
		The Court of Tallahaman			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG -2 AMII: 27

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(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 Florida document number 1.20000319889	were filed on 10/09/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8954 NW 6TH CT		
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FLORIDA,33324		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8954 NW 6TH CT PLANTATION. FLORIDA.33324		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	Zφ 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 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
MGR	CARLOS E BRACHO	3921 NW 88TH TERR	□Add
		CORAL SPRINGS, FL. 33065	■Remove
			□Change
MGR	HELEN HERNANDEZ	3921 NW 88TH TERR	□Add
		CORAL SPRINGS, FL. 33065	■Remove
			□Change
AMBR	CARMEN RODRIGUEZ BRAVO	8954 NW 6TH CT	≣Add
		PLANTATION,FL,33324	□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			El Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_ \_ (optional) (1) 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 JULY. 16

Signature of a member of a

Filing Fee: \$25.00