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U, HORNE

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CCT: Trust Partners Insurance LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kirenia Berlanga  Trust Partners Insurance, LLe  Firm/Company  9930 NW 21St ST #205  Address  Doral Fl 33172  City/State and Zip Code
	Kireniab and Spod deadin Suranela geney. Com
For furt	her information concerning this matter, please call:
K	inenia Berlanga at 786 5878360.  Name of Person Jack Code Daytime Telephone Number
١/ -	ed is a check for the following amount:  5.00 Filing Fee

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

J. HORNE 0CT 15 2021

Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>し                                   </u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR.)	ted Liability Company," the designation "L.C." or the abbreviation "L.L.C."  ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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 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 Owner Melody Comez 4230 Sw315Dr DAdd
Wast Park, F7 33023 Remove OWNER Kirenia Berlanga 4230 SW 315Dr XAdd
West Park, F/ 33023 Remove □Change \_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_\_ □Remove \_ □Remove \_\_ \_\_\_ □Add \_\_\_\_\_ □Remove □Add \_ □Remove

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Filing Fee: \$25.00