

L20 000384902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

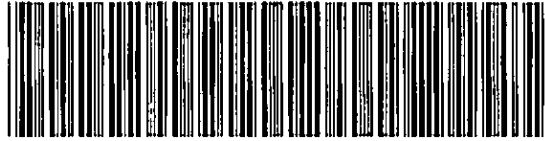
(Business Entity Name)

(Document Number)

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2/24/21

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Change of authorized person and officer

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:

MARYOLIS BASULTO

Name of Person

MBL INSURANCE LLC

Firm/Company

3419 W 99th Place

Address

Hialeah FL 33018

City/State and Zip Code

yoliydolores@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maryolis Basulto

954 6610545

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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
OF**

MBL INSURANCE 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 DEC 9th 2020 and assigned
Florida document number L20000384902.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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>
P	MARYOLIS BASULTO	3419 W 99th Place	<input type="checkbox"/> Add
		Hialeah FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARYOLIS BASULTO	3419 W 99th Place	<input checked="" type="checkbox"/> Add
		Hialeah FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIERRE SUDRE	3419 W 99th Place	<input checked="" type="checkbox"/> Add
		Hialeah FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the current's effective date on the Department of State's records.

cord 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 : filed.

d JAN 16th 2021

Mansoor

Signature of a member or authorized representative of a member

MARYOLIS BASULTO

Typed or printed name of signee