THVED



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.

(((H21000063237 3)))



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		
03	**Enter the email address for this business entity to be used for futue annual report mailings. Enter only one email address please.**	Jre NO	
PH 2:	Email Address:		
2021 FEB 15	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARMONA INSURANCE GROUP, LLC		יד בי
20	Certificate of Status 0		
	Certified Copy 0		
	Page Count 02		
	Estimated Charge \$25.00		

\_\_\_\_\_

\_\_\_\_\_

## Articles of Amendment to LLC Articles of Organization of

CARMONA INSURANCE GROUP, LLC

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_01/04/2021 \_\_\_\_\_\_and assigned Florida document number L21000011163 \_\_\_\_\_\_

This amendment is submitted to amend the following:

Change name of llc to:

INSURANCE BY CARMONA, LLC

These articles of amendment were adopted on	02/11/2021	۰.	
Dated 02/11/2021	·		5
a.			<u> </u>
Signature of a member or authorized	representative of a mer	nber	 
Onelio Carmona			
Typed or printed nar	ne of signee		

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing