

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**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.

((H22000335755 3)))



H220003357553ABC%

**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)617-5383

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: \_\_\_\_\_

2022 SEP 29 AM 9:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**WEDO INSURANCE GROUP LLC**

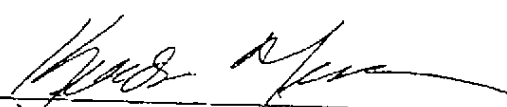
|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

C. BRUMBLEY  
 SEP 30 2022

09:30  
 09:47  
 09:55 2022

**Articles of Amendment to LLC Articles of Organization of**WEDO INSURANCE GROUP LLCThe Articles of Organization for this Limited Liability Company were filed on  
2-3-21 and assigned Florida document number  
421000036805.

This amendment is submitted to amend the following:

Add ALFONSO, IV Lopez (MAR)801 Madrid ST Suite 2Coral Gables FL 33134FILED  
2022 SEP 29 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLThese articles of amendment were adopted on 9/29/22Dated 9/29/22  
Signature of a member or authorized representative of a memberKENDRA MENA

Typed or printed name 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.