# 

_	
(Requestor's Name)	
	_
(Address)	
(4.11	
(Address)	
(City/State/Zip/Phone #)	
(Oit) Oldioziph Hone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of S	atus
Special Instructions to Filing Officer:	

Office Use Only





#### **COVER LETTER**

	Division of Cor			
SUBJEC		& ASOCIADOS LIFE INSUF	ANCE COMPANY LLC	
SUBJEC	· -	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ERNESTO L MARTINEZ	. ANEYRO	
			Name of Person	<del></del>
		ERNESTO & ASOCIADO	S LIFE INSURANCE COM	MPANY I.LC
			Firm/Company	
	Address  HIALEAH , FL 331016  City/State and Zip Code			
			<del></del>	
			<u> </u>	
		ernestotoma74@gmail.com	to be used for future annual rep	
Lar firetha	w information o		·	ort nouncation)
		oncerning this matter, please ca		
ERNEST	O L MARTINE		786 862-1 at ()	
	Name of	f Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	e following amount:		
□ <b>\$</b> 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	<u>Mailing Addres</u> Registration S		Street Add	ress: on Section
1	Division of C	orporations	Division of	of Corporations
I	P.O. Box 632	7	The Centr	e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERNESTO & ASOCIADOS LIFE	EINSURANCE COMPANY LLC	
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{02}{2}$	2-26-2021 and assigned
Florida document number 1.21000095648	·	
his amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<u></u>	
		2
nter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE	E BOX)	· N
		교· 대
	<del></del>	
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addr</li> </ol>		records, enter the name of the new regis
Name of New Registered Agent:	ERNESTO L MARTINEZ ANE	YRO
New Registered Office Address:		
	Enter Flo	orida street address
	HIALEAH	, Florida 33016
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ERNESTO L MARTINEZ ANE YF	5773 WEST 26 AVE APT 730 HIALEAH , FL 33010	5 □ Add
			_ 🗆 Remove
			<b>=</b> Change
		·	_ □Add
			Remove
			_ Change
	<del></del>		_ □ ¥qq
			_
			Change
		<del></del>	_ <u>†</u> _Qvqq
			□Remove
			_ Change
			_ 🗆 Add
			□Remove
			_ Change
	<del></del>		_ 🗆 Add
			_ Remove
			_ Change

·	
10 11	193
	: 1
	~~~
	U. F
ective date, if other than the date of filing:	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.
e: If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be liste
ument's effective date on the Department of State's rea	cords.
cord specifies a delayed effective date, but not an effec	etive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	
ed 07/08/21	
ed	
	<del>-</del> /
Signature of a member of a mem	or authorized representative of a member