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(Req	uestor's Name)			
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Certified Copies	Certificates	of Status		
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COVER LETTER

TO: Registration Section

Div	ision of Cor	porations				
		DVISER INSURANCE LLC	٨ ,			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	all correspo	ondence concerning this matter	to the following:			
		GONZALEZ, ELIANA				
			Name of Person			
		LOYAL ADVISER INSU	RANCE LLC			
			Firm/Company			
		2364 W 56TH STAPT 203	}			
			Address			
		HIALEAH GARDENS, F	1. 33016			
		THE LANG CORP. LOCKARI.	City/State and Zip Code			
		ELIANAG0831@GMAIL.	to be used for future annual report notificat	tion)		
For further in	nformation c	oncerning this matter, please c	all:	<u> </u>		
ELIANA GO	ONZALEZ		786 4034146 at ()	2021 1:		
	Name o	f Person	Area Code Daytime Te	elephone Number		
Enclosed is	i check for th	ne following amount:		≥ □ = ⊃		
■ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fres Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		Street Address: Registration Section	on		
Registration Section Division of Corporations		orporations	Division of Corporations			
). Box 632 Hahassee. H		The Centre of Tall 2415 N. Monroe S			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOYAL ADVISER 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 $\frac{03/31/2024}{2}$ ____ and assigned Florida document number 1.21000149410 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 "LLC" 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) B. 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

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.

City

_, Florida _

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
MGR	PADRÓN, OSCAR J	2364 W 56TH STAPT 203	≣ ∧dd
		HIALEAH GARDENS, FL 33016	□Remove
			□Change
MGR	DANIEL. CORDERO	2364 W 56TH ST APT 203	■Add
		HIALEAH GARDENS FL 33016	□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date effective date is listed, the date must be specified in this block doment's effective date on the Department of specifies a delayed effective date of filed.	oes not meet the applicab nent of State's records.	le statutory filing re	quirements, this dat	g.) Pursuan e will not	be listed
ed MAY 5TH	. 2021				
		red representative of a		-	