

h21000158159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

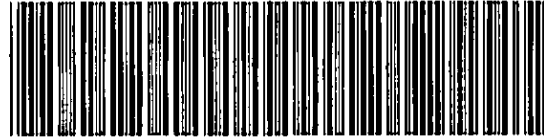
(Business Entity Name)

(Document Number)

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JUL 13 2021  
CLERK OF COURT  
CLERK OF COURT

7/26/21  
*[Signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HR whole Insurance Group LLC  
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:

Maria E. Rosell

Name of Person

Maria E. Rosell

Firm/Company

3531 NW 176th ST

Address

Wilton Manors FL 33056

City/State and Zip Code

maria.rosell@sebandainsurance.com

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

For further information concerning this matter, please call:

Maria E. Rosell

Name of Person

at ( 305 ) 318-5605

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**

Hr whole Insurance Group 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 04/06/2021 and assigned Florida document number 221000158159.

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)

1777 NE 162nd ST  
NORTH MIAMI BEACH  
FL 33162

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1777 NE 162nd ST  
NORTH MIAMI BEACH  
FL 33162

**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

City

, Florida

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lined area for amending information, crossed out with a diagonal line.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 29th, 2021

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Howard E. Rosell

Typed or printed name of signee

1001-011-2 11:00 AM  
JUN 30 2021

UNITED STATES OF AMERICA PERMANENT RESIDENT CARD

FRANCO JIMENEZ YULIESKA 14 JAN 1983

Sumame  
**FRANCO JIMENEZ**

Given Name  
**YULIESKA**

USCIS#  
**206-903-039**

Country of Birth  
**Cuba**

Date of Birth  
**14 JAN 1983**

Card Expires  
**07/29/26**

Resident Since  
**03/25/15**

Country  
**CUB**

Sex  
**F**

