

L21 000158159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

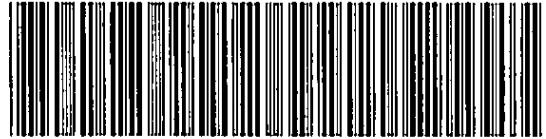
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT -4 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FL

7 BRUCE
OCT 08 2021

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:

Yolieska Franco
Name of Person
[Signature]
Firm Company
1777 NE 162nd ST
Address
D. Miami Beach FL 33162
City/State and Zip Code
Y. Franco@SebandaInsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yolieska Franco at (786) 8531420
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

MR 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)

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:

Yoliska Franco

1777 NE 162nd ST

Enter Florida street address

N. Miami Beach

City

Florida

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TALLAHASSEE, FL

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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

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>	<u>Address</u>	<u>Type of Action</u>
HR	Maria E Rosell	1777 NE 162nd ST	<input type="checkbox"/> Add
		D. Miami Beach FL	<input checked="" type="checkbox"/> Remove
		33162	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 OCT 14 PM 8:00
change
add
remove
SECRETARY OF STATE
TALLAHASSEE FL

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

Handwritten: *Amended*

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: September 27th (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 September 27th, 2021

[Signature]
Signature of a member or authorized representative of a member
Monica E. Rosell — Julieska Franco
Typed or printed name of signee

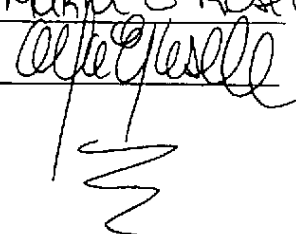
OWNERSHIP TRANSFER AGREEMENT

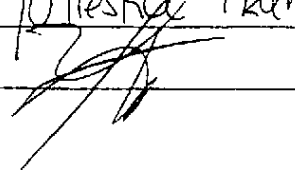
This ownership transfer agreement ("The Agreement") is effective on September 27th, 2021 between: MARIA E. ROSELL ("The Transferor") OWNER of MR WHOLE INSURANCE GROUP LLC DBA Sebanda Insurance, a company organized and existing under the laws of the State of Florida, with its office located at 1777 NE 162ND ST N. MIAMI BEACH FLORIDA, 33162, and: YULIESKA FRANCO ("The Transferee"), new owner of MR WHOLE INSURANCE GROUP, LLC DBA Sebanda Insurance.

WHEREAS:

1. The undersigned is the registered and beneficial owner of MR WHOLE INSURANCE GROUP LLC DBA Sebanda Insurance.
2. The undersigned wishes to transfer 50 % OWNERSHIP to YULIESKA FRANCO ("The Transferee")

NOW THEREFORE: The undersigned hereby assigns and transfer into the transferee 50 % OWNERSHIP of MR WHOLE INSURANCE GROUP LLC DBA Sebanda Insurance registered in the name of the undersigned on the books of the corporation.

Transferor(s)
Print Name Maria E Rosell
Signature 

Transferee(s)
Print Name Yulieska Franco
Signature 

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