K21000169481

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
	ARANGO	BROKERS LLC	•	
SUBJEC	CT:			
		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		NATALIE ARANGO		
			Name of Person	
		ARANGO BROKERS LL	С	
			Firm/Company	
		11990 NW 11th St		
			Address	
		Pembroke Pines, FL 33026	•	
		apinsurancecorp@gmail.cor	City/State and Zip Code	
		E-mail address: (to be used for future annual repo	ort notification)
For furth	ner information c	oncerning this matter, please ca	all:	
			at ()	Daytime Telephone Number
	Name o	f Person	Area Code I	Daytime Telephone Number
Enclosed	l is a check for th	he following amount:		
≡ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addr	
	Registration S Division of C		Registratio	on Section f Corporations
	P.O. Box 632			r Corporations S of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited 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 and assigned L21000169481 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AP Insurance, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11990 NW 11th St, Pembroke Pines, FL 33026 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11990 NW 11th St, Pembroke Pines, FL 33026 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 neweregistered agent and/or the new registered office address here: Name of New Registered Agent: 11990 NW 11th St 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.

Car

Pembroke Pines

_, Florida 33026
Zip Code

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	Natalie Arango	MA NA	\(\overline{\text{Add}} \)
		11990 NW 11th St Pembroke Pines, FL 3302U	□Remove
		Pembrote 1112-110 33120	□Change
AMBR	Luis Pelaez	11990 NW 11th St Pembroke Pines, FC 3302Le	🗗 Ādd
			□Remove
			Change
			Dadd .
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ument's effective date on the D	epartment of State's records	.		
cord specifies a delayed effective	re date, but not an effective t	ime at 12:01 a.m. on	the earlier of: (h)	The 90th day after th
s filed.	o and, out not an encoure		the currier or (o)	The your day taken an
January 21	2022			
ed	, <u></u>	<u> </u>		
1711				
WVG	Signature of a member or auth			