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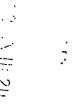
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COVER LETTER

Registration Section Division of Corporations

TO:

IRENE INS	SURANCE GROUP LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Irene Funez		
		Name of Person	
	IRENE INSURANCE GR	OUPLLC	
		Firm/Company	
	8897 FONTAINEBLEAU	BLVD, APT 208	
		Address	
	MIAMI, FL 33172		
		City/State and Zip Code	
	irenefunezinsurance@gmai		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	4.
Irene Funez		786 286 9488	()
Name of Person Area Code Daytime Tel			Telephone Number
Enclosed is a check for th	ne following amount:		<i>→</i> .
■ \$25.00 Filing Fee	⊠\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	rtion
Division of C	orporations	Division of Corp	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	CL 32314	2415 N. Monros	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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TRENE INSUR (Name of the Limited (A	ANO SK Liability Compar	v as it now appe	ars on our rec	ords.)		
(A	Florida Cilinied C	iaomity Company,	,			
The Articles of Organization for this Limited Liab	ility Company	were filed on <u>(</u>	013016	1021	and ass	signed
Florida document number <u>‡2100020131</u>	0					
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	ne limited liabi	lity company l	nere:	,		
				•		
The new name must be distinguishable and contain the word	ds "Limited Liabili	ity Company," the	designation "	LLC" or the a	bbreviation "L	"L.C."
Enter new principal offices address, if applicab	ole:					
(Principal office address MUST BE A STREET.						
,			•••			
Enter new mailing address, if applicable:				٠.		
(Mailing address MAY BE A POST OFFICE BO	2 Y 1				<u> </u>	
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ıt					-	(3
B. If amending the registered agent and/or reg	istered office a	ddress on our	records, en	ter the nan	ne of the ne	w registered
agent and/or the new registered office address				•	•	•
				•	ز.،	
Name of New Registered Agent:						
Name Degiotograd Office Address:						
New Registered Office Address:		Enter Fl	orida street ad	dress	54	
				Florida :		
		City	:		Zip Code	
New Registered Agent's Signature, if changing Reg	gistered 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>	Address	Type of Action
AMBR	FUNEZ, IRENE A	8897 FONTAINEBLEAU BLVD, APT 208	□Add
		MIAMI, FL 33172	□Remove
			Change
AMBR	ABREU, ROBERT A	133 NE 2ND AVE APT 2317	□Add
		MIAMI, FL 33132	□Remove
			 □ Change
AMBR	PEREZ, LINDA R	8897 FONTAINEBLEAU BLVD. APT 208	□ Add
		MIAMI, FL 33172	□Remove
		·	■Change (1)
			· □Add
			· ○ S □ Remove
			⊃ OChange
			□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please make changes to remove current tittles of members of this LLC and make them all Authorized Members ٠, ١ = 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. Signature of a member or authorized representative of a member IRENE FUNEZ yped or printed name of signee

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