

L21000259495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

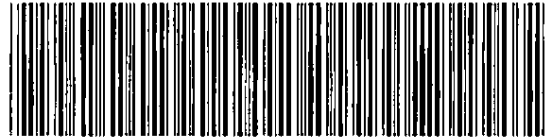
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUINTEROJIMENEZ INSURANCE 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:

ARACELYS M JIMENEZ HERNANDEZ
Name of Person

QUINTEROJIMENEZ INSURANCE LLC
Firm/Company

9553 TOCOBAGA PL
Address

RIVERVIEW, FL 33578
City/State and Zip Code

TAMPAMULTISERVICES-INC@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARACELYS M JIMENEZ HERNANDEZ at (609) 551-1339
Name of Person 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**

QUINTEROJIMENEZ 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 06/03/2021 and assigned Florida document number L21000259495.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JIMENEZ INSURANCE LLC

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)

9553 TOCOBAGA PL
RIVERVIEW, FL 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9553 TOCOBAGA PL
RIVERVIEW, FL 33578

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

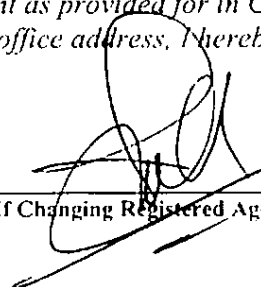
Name of New Registered Agent: ARACELYS M JIMENEZ HERNANDEZ

New Registered Office Address: 9553 TOCOBAGA PL
Enter Florida street address

RIVERVIEW Florida 33578
City 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

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>
MGRM	ARACELYS M JIMENEZ HERNANDEZ	9553 TOCOBAGA PL	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LAURA V QUINTERO JIMENEZ	9553 TOCOBAGA PL	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ELIBERTO QUINTERO SILVA	14461 ENGLISH LAVENDER DR	<input type="checkbox"/> Add
		WIMAUMA, FL 33598	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Lined area for amending information.

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

08/21

2023

Handwritten signature of Aracelys M Jimenez Hernandez

Signature of a member or authorized representative of a member

ARACELYS M JIMENEZ HERNANDEZ

Typed or printed name of signee