## Florida Department of State Division of Corporations Electronic Filing Core (Sheet)

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077 Phone : (954)773-7286 Fax Number : (954)526-8825

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: agonzalez@ omefinancialamup.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTIMATE EXPERTS USA LLC

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OCT 25 2022





October 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ESTIMATE EXPERTS USA LLC 4206 TROON PL FORT PIERCE, FL 34947

SUBJECT: ESTIMATE EXPERTS USA LLC

REF: L21000332268

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity name on line one of the amendment must match what is on record.

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley
Regulatory Specialist III
Internet Support

FAX Aud. #: H22000360450 Letter Number: 622A00023684

H220003604503

TO: Registration Section Division of Corporations

SUBJECT:	ESTIMATE EX	PERTS USA LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANTONIO I GONZALEZ	:	
		Name of Person	<del></del>
	GONZALEZ & ASSOCIA	TES III PA	
		Firm/Company	<del></del>
	1820 N CORPORATE LA	KE BLVD STE 107	
		Address	<del></del>
	WESTON, FL 33326		
		City/State and Zip Code	
	agonzalez@amefinancialgr	oup.com to be used for future annual report notifi	nerion\
For further information	concerning this matter, please c	•	cattony
ANTONIO GONZALI	_ ·	954 773-7286	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

H 270003604503

Oct. 24. 2022 10:00AM

## AME Financial GrouDF AMENDMENT ARTICLES OF ORGANIZATION

No. 0267 P. 4 HZZ0003604503

ESTIMATE EXPERTS USA LLC

(Name of the Lim	ted Liability Comp (A Florida Lumited	any as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I Florida document number L21000332268	iability Company	were filed on	ULY 01, 2021	and a	ssigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	oility company h	ere:		
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the o	designation "LLC" or t	he abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE)	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	(BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent:		address on our 1	ecords, <u>enter the l</u>	name of the n	ew registered
New Registered Office Address:	N/A	Enter Flo	rida street address	<u>2</u>	PPRO
		2 • • •		7	DIVE
		Cíŋ:	, Florids	Zip <b>C</b> gd.	<u> </u>
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		΄ ω	

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 a0ct. 24. 20220:10:00AMson(sAME Financial Group, enter the title, name, and address No. 0267 perst. Seing added or removed from our records:

H 220003604503

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	SALAZAR, JHON , D	4206 TROON PL	
		FORT PIERCE, FL 34947	■Remove
			□Change
MGR ISNELIA IIMENEZ	4206 TROON PL	<b>⊟</b> Add	
	FORT PIERCE, FL 34947	□Remove	
			□ Change
			□Remove
			□ Change
	<del></del>		□Add
			□Remove
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			DAdd
			□Remove
			□Change
			□Add
			Remove
			☐Change

H220003604503

N/A	
<del> </del>	
ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ik does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 20	2022
ated	
•	
Si	ignature of a member or strategized representative of a member
	<del>-</del>
	MAURICIO GUTIERREZ

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