L21000378462

(Re	questor's Name)	
(Ad	dress)	
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DA)	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	SURNACE LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mutted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDRES BARRAGAN		
		Name of Person	
	ABCJ INSURNACE LLC		
		Firm Company	
	500 SR 436, 1024		
		Address	
	CASSELBERRY, FLORI	DA 32707	
		City'State and Zip Code	
	info21salud@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For turther information	concerning this matter, please c	all:	
ANDRES BARRAGAN	:	407 412-4534	
Name (of Person	at ()	ne Telephone Number
Enclosed is a check for (the following amount:		
■ \$25 00 Filing Fee	Li \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	LJ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed.
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABCJ INSURNACE LLC		
(Name of the Limited) (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ls.</u> 1
The Articles of Organization for this Limited Liab Florida document number 1.21000378462	ility Company were filed on 08/23/2021	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ie limited liability company here:	
MICUINSURANCE LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Fater new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Fater new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	PH 3: 59
B. If amending the registered agent and/or registered affice address based and/or the new registered office address based on the new registered of the new re		the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	. F 1	orida
	City	orida

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If aniending 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>Fitte</u>	Name	Address	Type of Action
	<u> </u>		Add
			□Remove
		[]Remove	
			Change
			7 Add
			[]Remove
			Add
		ПРеточе	
			Change
	- 	Add	
		URemove	
		Change	
-			Add
	 	[]Remove	
			-

) If amanding	uny other information, enter change(s) here: (trueb additional charte if necessary)
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Note: If the	(optional) 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 (5) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
f the record spec ecord is filed	affes a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JAN	JUARY 12
	JUARY 12
_	Signature of a member or authorized representative of a member
	ANDRES BARRAGAN
. =	Exact or constant name of classics

Filing Fee: \$25.00