Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000384341 3)))



H210003843413AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				
	Division of Co	proprations		
	Fax Number	: (850)617-6383		
From:			20	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	2021	
	Account Number	: I20000000019	6	1
	Phone	: (305)552-5973		•
	Fax Number	: (305)675-5944		
			.1-	
**Ente	er the email add	lress for this business entity to be used for future	<u> </u>	
		ailings. Enter only one email address please.**		en See
		, , , , , , , , , , , , , , , , , , , ,		
	Email Address:_		လွ	
			\sim	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MD DIVAS INSURANCE LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$25.00		

OCT 1.5 2021

ALBRITTON

21 OCT 14 PH 3: 9

Électronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to LLC Articles of Organization of
MD Divas Insurance LLC
The Articles of Organization for this Limited Liability Company were: filed on and assigned Florida document number
This amendment is submitted to amend the following:
ADD: KARIA ROSA Moraton MARTINEZ AMBR
- 3542 NW 176th terrace
Miani GARdens Fl 33056
2(2) QC
7 32
These articles of amendment were adopted on
Dated
A.
Signature of a member or authorized representative of a member
Francis R Dago Blanco Typed or printed name of signee
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing