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(R	equestor's Name)	
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Recid 10/22	_	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

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Registration Section Division of Corporations

TO:

RGJ Insura	nce, LLC		
SUBJECT:	Name of Lim	ited Liability Company	- 2021 O CT 22 AM 8: 02
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raul Garcia Jr		
		Name of Person	
	RGJ Insurance, LLC		
		Firm/Company	
	14991 SW 11 Street		
		Address	
	Miami, FL 33194		
		City/State and Zip Code	
	nsr250rg@aol.com		
	E-mail address: (to be used for future annual report notificati	on)
For further information of	concerning this matter, please c	all:	
Raul Garcia Jr		305 804-4093 at ()	
Name of Person		Area Code Daytime Tel	ephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassec, FL 32.	ations shassee creet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGJ Insurance, LLC

21 OCT 22 PH 3: 09

(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 Companial Florida document number $\frac{L21000436929}{L21000436929}$.	y were filed on 10/8/20	21 and assigned
This amendment is submitted to amend the following:		
amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: illing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag		

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 =	Ma	ına	ger	
		_	_	

AMBR = Authorized Member

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				:
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<u>Title</u>	<u>Name</u>	Address 21 007 2? PH 3: 0	Type of Action
AMBR	Raul Garcia Jr	14991 SW 11 Street	= Add
		Miami, FL 33194	□ Remove
			□ Change
President	Raul Garcia Jr	14991 SW 11 Street	= Add
		Miami, FL 33194	□Remove
			□Change
			🗆 Add
			□Remove
•			□Change
•			□Add
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			□ Change

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	10/12/0004				
ective date, if other than th	te date of filing: 10/13/2021	(optio		,	05.020
	ust be specific and cannot be prior to date o block does not meet the applicable stat				
	Department of State's records.				
	ive date, but not an effective time, at I	2:01 a.m. on the earlier of: (b) The 90th	day af	ter the
s filed.					
October 13	2021				
ed	··				
	· · · · · · · · · · · · · · · · · · ·				
_/ Coul	Signature of a member or authorized rep	presentative of a member			
Raul Garcia Jr.					