Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RCB GLOBAL SERVICES, LLC

Account Number : 120220000095 : (786)503-2106 Phone : (754)732-8554 Fax Number

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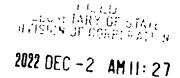
TO:

COVER LETTER

TO:				
cen ira		RANCE AGENCY LLC		
SUBJEC	_I:	Name of Lim	ited Liability Company	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Please re	turn all correspo	ndence concerning this matter	to the following:	
	Division of Corporations FDC INSURANCE AGENCY LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: FABIANA A DE CASTRO Name of Person AMBR Firm/Company 708 NW 111TH PL APT 4 Address MIAMI FL 33172 City/State and Zip Code fdcinsurance@gmail.com E-mail address: (to be used for future annual report notification) set information concerning this matter, please call: IBIANA A DE CASTRO Name of Person Area Code 1 S30.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Notice Institute Liability Company Amen of Person ABBR Firm/Company 708 NW 111TH PL APT 4 Address Mailing Address: Registration Section Division of Corporations Division of Corporations Pro. Box 6327 The Centre of Tallahassee 2415 N. Montree Street, Suite 810			
			Name of Person	CASTRO Tame of Person MBR TH PL APT 4 Address FL 33172 State and Zip Code d for future annual report notification) at (
			AMBR	
			Firm/Company	·
		708 N	W 111TH PL APT 4	
			Address	
		3	ИІАМІ FL 33172	
			City/State and Zip Code	
			abmitted for filing. The results of the following: NA A DE CASTRO Name of Person AMBR Firm/Company NW 111TH PL APT 4 Address MIAMI FL 33172 City/State and Zip Code com (to be used for future annual report notification) call: 305 4xea Code Daytime Telephone Number S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
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For furth	er information co	oncerning this matter, please co	ui;	
FA ——	BIANA A DE C	ASTRO	at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.	00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
	Registration S Division of C P.O. Box 632	Section orporations 7	Registration Section Division of Corporate The Centre of Tall 2415 N. Monroe S	orations lahassee Street, Suite 810

- Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FDC INSURANCE AGENCY LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	01/25/2022	and assigned
lorida document number L22000089731		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company h	ere:	
he new name must be distinguishable and contain the words "Limited Liability Company," the o	designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	-	
Principal office address MUST BE A STREET ADDRESS)		
	 	
nter new mailing address, if applicable:		<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered office address on our r	records, enter the na	me of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
		=-
New Registered Office Address:	orida street address	·
New Registered Office Address:	orida street address , Florida	Zip Code

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.

To: SUNBIZ - Page: 5 of 6 2022-12-02 03:16:41 GMT 17547328554 From: Rosmary Caste

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>	Address	Type of Action
AMBR	SANTOS G MATUTE RIOS	708 NW 111TH PL APT 4	≘ Add
		MIAMI FL 33172	□Remove
			□Change
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			□ Change

- Page: 6 of 6

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If amending any o	ther information, en	ter change(s) here:	: (Attach addit	ional sheets, if nece	essary 127 DEC -2	**************************************
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Offective date, if o	ther than the date of	filing: 12/01/2022		(optic	onal)	
f an effective date is lis Note: If the date ins	sted, the date must be specificated in this block does added on the Department	fic and cannot be prior to not meet the applica	o date of filing or r ble statutory filis	nore than 90 days after ng requirements, this	filing.) Pursuant to 605.0 s date will not be listed	207 (3)(b) I as the
erocord specifies a d d is filed.	lelayed effective date, b	ut not an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day after t	the
Dated	12/01	2022		\circ		
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	Agrature	of a mornbet or sundivi	rod representativ	e of a member		
	/	FABIANA A DE	CASTRO			
			I name of signee			