

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SU SEGURO INSURANCE GROUP LLC
Account Number : I20210000126
Phone : (785)857-7718
Fax Number : (407)386-6369

FILED
2022 OCT -6 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: karem@suseguroinsurance.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RESYX DETAILING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY
OCT - 7 2022

COVER LETTER

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**TO: Registration Section
Division of Corporations****SUBJECT: RESYX DETAILING LLC**_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REYNALDHO REYES

Name of Person_____
Firm/Company

6852 WEISER ST APT E208

Address

ORLANDO, FL 32821

City/State and Zip Code

resyx13@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNALDHO REYES

786 8577718
at ()_____
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESYX DETAILING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 OCT - 6 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/23/2022 and assigned
Florida document number L22000096298.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SERVISEGURO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1415 McCoy Rd Suite A -1

Orlando, FL, 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1415 McCoy Rd Suite A -1

Orlando, FL, 32809

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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, 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	REYNALDO REYES	6852 Weiser St Apt F208	<input type="checkbox"/> Add
		ORLANDO, FL 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREM SANCHEZ	4105 Sherlock Ct	<input checked="" type="checkbox"/> Add
		Orlando FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEDRO RIVAS	4105 Sherlock Ct	<input checked="" type="checkbox"/> Add
		Orlando FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEISLE LA TORRE	4105 Sherlock Ct	<input checked="" type="checkbox"/> Add
		Orlando FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 26, 2022

Signature of a member or authorized representative of a member

Reynaldho Reyes Manager

Typed or printed name of signee