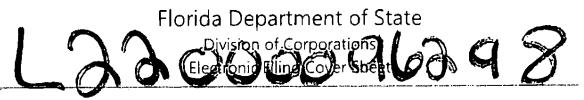
To:



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.

(((H22000332443 3)))



H220003324433ABCX

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

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

-

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

C. BRUMBLEY OCT - 7 2022

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

COVER LETTER

H22000332443 3

TO;	Registration Se Division of Cor					
		ETAILING LLC				
SUBJECT:Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
		ndence concerning this matter				
		REYNALDHO REYES				
			Name of Person	_		
		6852 WEISER ST APT EZ	Firm/Company	_		
			Address	_		
		ORLANDO, FL 32821		_		
		resyx13@gmail.com	City/State and Zip Code			
			to be used for future annual report notification)	•		
For furt	her information o	concerning this matter, please co	all:			
REYN.	ALDHO REYES		786 8577718 at ()			
_	Name o	of Person	Area Code Daytime Telephone Numb	er		
Enclose	ed is a check for t	he following amount:				
□ \$ 25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy had copy is enclosed)		
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810		

H22000332443 3

From, Karem Sanchez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESYX DETAILING LLC		2022 Sec	
(Name of the Limited Liability Compa (A Florida Limited	C 8 77		
(A Florida Elimico)	Elaoting Company)		
The Articles of Organization for this Limited Liability Company	were filed on 02/23/2022	and assigned	
Florida document number L22000096298	SE T		
Tryrial dividings and the second		(L) (S) (S) (D)	
This amendment is submitted to amend the following:	32 32		
A. If amending name, enter the new name of the limited liab	ility company here:	113	
SERVISEGURO LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	he 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		
Frincipal office dadress MOST BE ASTREET ADDRESS,	Orlando, FL, 32809		
Enter new mailing address, if applicable:	1415 McCoy Rd Suite A -1		
	Orlando, FL, 32809		
(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 records, enter the	name of the new registered	
Name of New Registered Agent:			
No. of Declarated Office Address.			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	· <u>·</u>		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe e performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

From: Karem Sanchez

H22000332443 3 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>	Name	Address	Type of Action
MGR	REYNALDHO REYES	6852 Weiser St Apt E208	□Abd
		ORLANDO,FL 32821	
			Change
MGR	KAREM SANCHEZ	4105 Sherlock Ct	\ \ \ \ \ \ \ \ \ \
		Orlando Fl 32824	□Remove
			□Change
MGR	PEDRO RIVAS	4105 Sherlock Ct	\alpha Add
		Orlando Fl 32824	□Remove
MGR	LEISLE LA TORRE	4105 Sherlock Ct	= Add
		Orlando Fl 32824	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Change

To:

From: Karem Sanchez