h22000254667

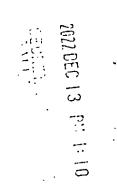
| (Re | equestor's Name) | |
|-------------------------|---------------------|----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone # | 9) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name |) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| (| | |





200398139752

12/13/22--01008--005 **25.00



COVER LETTER

Registration Section

Division of Corporations

TO:

| Sou | thern Sentry Insuran | ce Services | | | |
|-------------------------------|--|-------------------------------|---|---------------------|----------------|
| SUBJECT: | - | Name of Lin | nited Liability Company | · | |
| | cles of Amendment | | - | | |
| Please return all o | orrespondence conc | erning this matter | r to the following: | | |
| | Melissa | Vasquez | | | |
| | | | Name of Person | | • |
| | Southern | Sentry Insurance | Services | | |
| | | | Firm/Company | | , |
| | 15448 SV | W 150th St | | | |
| | | | Address | | 702 |
| | Miami, F | 1 33196 | | | 022 DEC 13 |
| | | | City/State and Zip Code | | <u>-</u> ω |
| | mvasquez | @southernsentry | | | 70 |
| | | E-mail address: | (to be used for future annual report no | tification) | |
| For further inforn | nation concerning thi | is matter, please o | call: | | . 10 |
| Melissa Vasquez | | | 786 512-1799 at () | | |
| | Name of Person | | Area Code Dayti | me Telephone Number | |
| Enclosed is a che | ck for the following | amount: | | | |
| ■ \$25.00 Filing | | Filing Fee & ficate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| Registr Divisio P.O. Bo | Address: ation Section n of Corporation ox 6327 ssee, FL 32314 | s | Street Address: Registration S Division of Co The Centre of 2415 N. Monre | orporations | 10 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Southern Sentry Insurance Services LLC. | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records. Liability Company) | |
| The Articles of Organization for this Limited Liability Company florida document number $\frac{L22000254667}{L22000254667}$. | were filed on June 02, 2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 2021 DE |
| | | 구를 뭐 |
| | | _ |
| nter new mailing address, if applicable: | | · · · |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Manning dudiess MAT BE AT OST OFFICE BOAT | | · |
| | | |
| If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, <u>enter th</u> | e name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | ida |
| | 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

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> | Type of Action |
|--------------|-----------------|-----------------------------------|---------------------------|
| MGR | Melissa Vasquez | 15448 SW 150th St Miami, Fl 33196 | □Add |
| | | | □Remove |
| | | · | ■ Change |
| | | | □Add |
| | | | Remove |
| | | | □ Dichange □ Change □ Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| ve date, if other than the date of filing: | | | | | <u> </u> |
|--|--|---------------------------------|--|--------------------|------------------|
| 7-13 P) | | | | - | |
| 7-13 P) | | | <u>.</u> | | |
| 7-13 P) | | | | | |
| 7-13 P) | | | | | |
| 7-13 P) | | | | | |
| 7-13 P) | | | | | |
| 7-13 P) | | | - · · · - · · · · - · · · · · · · · · · | | |
| 7-13 P) | | | | | |
| 7-13 P) | | | 10.1 | | |
| 7-13 P) | | | | | |
| 7-13 P) | | | | | |
| 7-13 P) | | | | -37 | 7027 |
| | | | | <u> </u> | . E |
| 0 | | | | | |
| | | | | <u>-</u> | <u> </u> |
| ; 0 | | | | ~ | |
| ve date, if other than the date of filing: | | | | | 0 |
| ve date, if other than the date of filing: | <u> </u> | | | <u> </u> | |
| If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records. | te: If the date inserted in this block | k does not meet the applicable | ate of filing or more than 90 statutory filing requires | (optional) | Suant to 60 |
| | | | | | |
| | s filed. | ale, but not an effective time, | at 12:01 a.m. on the ear | Ber of: (b) The 90 | th day after the |
| | August 17 | 2022 | | • | |
| ed. | ·-· | ·· | | | |
| • | | | | | |