

L22000319505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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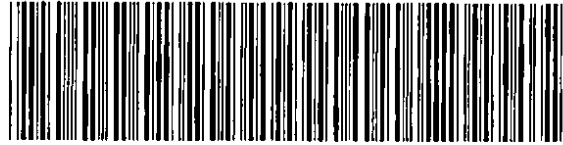
(Business Entity Name)

(Document Number)

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**DATE: 09/29/2023**

**NAME: LIONS ISNURANCE LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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LIONS ISNURANCE LLC

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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# COVER LETTER

Registration Section  
Division of Corporations

LIONS INSURANCE LLC

SUBJECT: \_\_\_\_\_  
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:

CLARA L GONZALEZ MERINO

\_\_\_\_\_  
Name of Person

LIONS INSURANCE LLC

\_\_\_\_\_  
Firm/Company

2324 S CONGRESS AVE SUITE 2-E

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33406

\_\_\_\_\_  
City/State and Zip Code

CLMULTISERVICE1@GMAIL.COM

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

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Office of Secretary of State  
Division of Corporations

For further information concerning this matter, please call:

CLARA L GONZALEZ MERINO

561

889-2143

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LIONS INSURANCE LLC

(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 Company were filed on 07/19/2022 and assigned  
Florida document number L22000319505.

This amendment is submitted to amend the following:

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

I/A

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:

2324 S CONGRESS AVE SUITE 2-E

**Principal office address MUST BE A STREET ADDRESS**

WEST PALM BEACH, FL 33406

Enter new mailing address, if applicable:

2324 S CONGRESS AVE SUITE 2-E

**Mailing address MAY BE A POST OFFICE BOX**

WEST PALM BEACH, FL 33406

3. **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:

BETSY MERINO

New Registered Office Address:

2324 S CONGRESS AVE SUITE 2-E

*Enter Florida street address*

WEST PALM BEACH

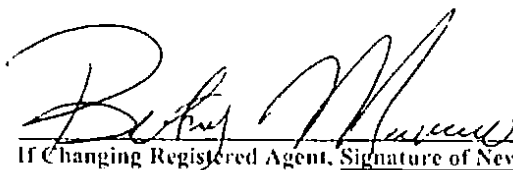
Florida 33406

*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**

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	BETSY MERINO	2324 S CONGRESS AVE SUITE 2-E	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	CLARA L GONZALEZ MERINO	2324 S CONGRESS AVE SUITE 2-E	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CITY OF PALM BEACH  
CLERK OF COURTS

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

N/A

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DEPT. OF STATE

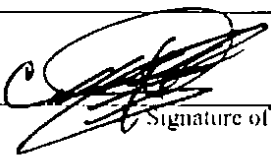
3. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 09/28/2023



Signature of a member or authorized representative of a member

Clara Wz Merino

Typed or printed name of signee