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Florida Department of State

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To:			
	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : LAZARUS CORPORATE FI	LING SERVICE, INC.	
	Account Number : I20000000019	-	
	Phane : (305)552-5973		
	Fax Number : (305)675-5944		
***	Email Address: LLC AMND/RESTATE/CORRECTED LA ALIAZA MED	CT OR M/MG RESI	
	Certificate of Status	0	
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	Page Count	02	

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OCT 20 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA ALIAZA MEDICA ELC				
(Name of the Limited Lintilly (A Plorida)	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on September 27,2022 and assigned			
Florida document number L22000420125	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
LA ALIANZA INSURANCE, LLC				
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	20			
(Principal office address MUST BE A STREET ADDRE				
	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	. 0			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	n 0 11 11			
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our regords:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			DAdd
			□ Remove
			Change
			□ Add
			ORemove
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			□Remove
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			🗆 Remove
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