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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BEST VISION ACCOUNTING

Account Number : 120150000091 Phone

: (305)220-9616

Fax Number

: (305)220-9617

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA ALIANZA INSURANCE, LLC

Certificate of Status	0
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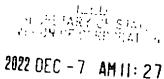
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OF

LA ALIANZA INSURANCE, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability	Company were filed on 09/27/2022	and assigned
Florida document number L22000420125		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	
		<u>.</u>
		•
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)	<del> </del>	
i. If amending the registered agent and/or register gent and/or the new registered office address here		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	. <del>.</del>
		orida
	Cliy	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 records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ORENCIO RUIZ	11401 SW 40 STREET STE 265	<b>≡</b> Add
		MIAMI, FL 33165	🗀 Remove
			□ Change
	<del></del>		
			□Remove
			□Change
			□Add
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			CIAdd
			∐Remove
		<u> </u>	□ Change

	FILED SCHOLARY OF STATE OF ONE FORE TASE
D. If amending any other information, enter change(s) here: (Attach ac	dditional sheets, if necessary.)
	~
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(b filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a record is filed.	o.m. on the earlier of: (b) The 90th day after the
Dated DECEMBER 07 2022	
_ Ries	
Signature of a number or authorized represent	ative of a member
ORENCIO RUIZ  Typed or printed name of sign	

Filing Fee: \$25.00