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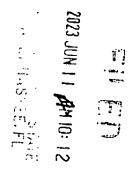
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S. FRANKLIN
JUN 1 1 2023

## **COVER LETTER**

Div	ision of Cor	porations	:	
SUBJECT:	Nazca Natio	onal Insurance Company, L.L.	C.	
SUBJECT		Name of Lin	nited Liability Company	
The enclosed	1 Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Claus M Wulff Jr.		
			Name of Person	
		Nazca National Insurance	Company, L.L.C	
			Firm/Company	
		200 E Robinson Street, Su	ite 1020-C14	
			Address	
		Orlando, Florida. 32801		
			City/State and Zip Code	
		Nazcainsurance@Nazcains	urance.com to be used for future annual report notifi	
For further is	nformation co	oncerning this matter, please c		cation)
		oncerning and matter, prease c		
Claus M Wu			407 574 0110 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	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)
	lling Address		Street Address:	si a.u.

Registration Section Division of Corporations P.O. Box 6327

TO:

**Registration Section** 

Tallahassee, FL 32314

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

Nazca National Insurance Company, L.L.C.	<u></u>	<u> </u>
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red d Liability Company)	cords.)
he Articles of Organization for this Limited Liability Compar	ny were filed on 11/07/2022	and assigned
lorida document number L22000476459		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liz	ability company here:	
vazca National Insurance Agency, L.L.C.		
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "	LLC" or the abbreviation "L.I.,C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- 2
		HASS T
inter new mailing address, if applicable:		\$55.
Mailing address MAY BE A POST OFFICE BOX)		ro 5
ranng autress jarri 19311 001 01 1201 2019		72
If amending the registered agent and/or registered offic gent and/or the new registered office address here:	ee address on our records, <u>en</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ddress
		Florida
<del></del>	City	, Florida 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

Effective date, if other than the date of filing:	
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot lote:  If the date inserted in this block does not meet the	
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	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as cords.
record specifies a delayed effective date, but not an effer is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
04/19 <b>2023</b>	
Claux M les	More
Signature of a member	duttorized representative of a member

Filing Fee: \$25.00