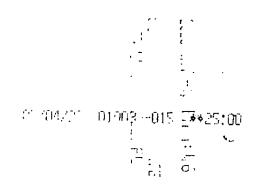
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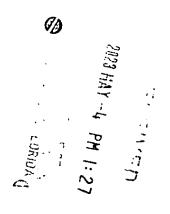
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Office Use Only



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COVER LETTER

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TO:

TO: Registration Se Division of Cor			
SUBJECT: CON	intios insura	ruce LLC	
<u> </u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LEONAY	do AcosTA Name of Person	
	1208	Firm/Company 14 33 rd Road A	
			†
	LOXA	city/State and Zin Code	470
	Roc E-mail address: (City/State and Zip Code Hector 54@ GMA to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
Leona	rdo Acosta	at (<u>796</u>) 301 (3480
Name o	î Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
¥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Sec	ction
Division of C		Division of Corp	
P.O. Box 632	•	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroo	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COVINIOS LUSURANO	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were f	filed on and assigned
Florida document number <u>L230000 6 6 3 6 9</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
FLO INSURANCE LLC The new name must be distinguishable and contain the words "Limited Liability Com	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	ş - Ş
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	•.
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zip Code
Ci	ity 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	Address	Type of Action
			_Add
			Remove
			☐ Change
			(Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records. Ford 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 filed.		
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Ford 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 filed. $\frac{05/04/2023}{\sqrt{2023}}$		statutory filing requirements, this date will not be usted
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ed 05/04/2023	ord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after th
	filed.	
	- / /	
Signature of a member or authorized representative of a member	ed <u>05/04/2023</u>	
Signature of a member or authorized representative of a member		
-		

Filing Fee: \$25.00