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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	777.	IC INSURANCE LLC		
SODJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CRISTIAM C MORALES		
		<del>.</del>	Name of Person	<del></del>
		FRIENDS JC INSURANC	E LLC	
		78313	Firm/Company	
		6161 Blue Lagoon Dr. Suit	te 260	
			Address	
		MIAMI, FL 33126		
		cmorales@friendsjcf.com	City/State and Zip Code	-
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
CRISTIA	AM C MORALE	ES	786 405-5047	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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 Addres	<del></del>	Street Address:	
Registration Section Division of Corporations			Registration Sec Division of Corr	
	P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRIENDS JC 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  $\frac{03/08/2023}{1}$ \_\_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FRIENDS ICE INSURANCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 15546 SW 41Ter (Mailing address MAY BE A POST OFFICE BOX) Miami FL33185 B. 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

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>	<u>Name</u>	Address	Type of Action
AMBR	Julio Cesar Freixas Countin	6161 Blue Lagoon Dr. Suite 260	□∧dd
		MIAMI, FL 33126	=Remove
			☐ Change
AMBR	Oneida Gonzalez Fundora	6161 Blue Lagoon Dr. Suite 260	□ Add
		MIAMI, FL 33126	Remove
			□Change
AMBR	Daniel Cesar Romero	6161 Blue Lagoon Dr. Suite 260	□Add
		MIAMI, FL 33126	≅Remove
AMBR	Jesus Ernesto Gutierrez Jaimes	6161 Blue Lagoon Dr. Suite 260	<b>≣</b> Add
		MIAMI, FL 33126	□Remove
			□Change
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record specifies a delayed effective Lis filed.	date, but not an effective ti	me, at 12:01 a.m. on the o	earlier of: (b) The 90th day a	fter the
ated October 5th	2024	<u> </u>		
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	// 3			
	Signifiare of a member or auth	orized representative of a mo	mber	