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COVER LETTER.

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•			
TM Insurar	nces.Services				
SUBJECT:	Name of Lim	ited Liability Company			
					2023
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			2023 JUN 2 1
	ondence concerning this matter				2
r icase retain an correspe	nicence concerning this matter	to the following.			
	Teresa Paola Melgar Cairo	,			8: 2
	· · · · · · · · · · · · · · · · · · ·	Name of Person			- 12
	TM Insurances.Services				
Firm/Company 3850 S University Dr Unit 290532 Address					_
		Address			_
	Davie, Florida 33329				
		City/State and Zip Code			
	paolamelgar99@outlook.co				
	E-mail address; t	to be used for future annual	report notification	en)	
For further information e	oncerning this matter, please c	all:			
Teresa Paola Melgar Cai	τo		82846		
Name o	l'Person	at () Area Code	Daytime Tele	ephone Numbe	r
Enclosed is a check for the	he following amount:				
S25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		Certifie	ate of Status &
Mailing Addres		Street A			
Registration Section Division of Corporations			ation Section		
P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $\frac{05/18/2023}{\dots}$ Florida document number L23000245326 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TM Insurances-Services The new pame must be distinguishable and contain the words "I 'mited 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: (Mailing address MAY BE A POST OFFICE BOX) 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:

TM Insurances, Services

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.

, Florida

If amencing 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
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			ORemove United thange
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Filing Fee: \$25.00

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