## ARUS CORPORATE

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000257407 3)))



H230002574073/ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email Address:\_

트를 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMILY INSURANCE & MULTISERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	0 t
Estimated Charge	\$25.00

8 14 W

· · · · · · · · · · · · · · · · · · ·		j's	
Articles of Amendment to LLC Articles of Organ			_
Family Insurance & Multise	uzatio	on of	f
<u> </u>	, LVI	ces	<u> </u>
The Articles of Organization for this Limited Liability Company were	e filed or	. Ll	
and assigned Florida document number 123000295172.	iber	1	_
10112.			
This amendment is submitted to amend the following:			
Remover Nestor Camacho Paz			
Edward WE			
			_
			<del></del> -
		<del></del>	_
	<u> </u>		_
			-
			_
These articles of amendment were adopted on 72423			
7/2/12	12.	<b>~</b> 3	
Dated		2023	
		<u> </u>	
		24	;=
Signature of a member or authorized representative of a member	- :	PH	<u></u>
Hnna Paz	O:		_
Typed or printed name of signee	- =	<del>ن</del> ب	
New Registered Agent's Signature, if changing Registered Agent:	``	B	
I hereby accept the appointment as registered agent. I am familiar with and accept the oblina position.	tions of th	$\epsilon$	
Signature of New Registered Agent, if changing	<del></del>		