

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000318945

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.

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H2300027812534567

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address:

TBS.DORAL@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LA CUMBRE INSURANCE GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2023 AUG 10 PM 1:07

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 AUG 10 AM 7:30

APPROVED
AND
FILED

COVER LETTER

4230002781253

TO: Registration Section
Division of Corporations

SUBJECT: LA CUMBRE INSURANCE GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IGNACIO CALIXTE

Name of Person

TAXES & BUSINESS SERVICES LLC

Firm/Company

8500 NW 30TH TER

Address

DORAL, FL 33122

City/State and Zip Code

TBS.DORAL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IGNACIOCALIXTE

954

9549977268

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

H230002781253

LA CUMBRE INSURANCE GROUP 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 07/05/2023 and assigned
Florida document number L23000318945

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: JUAN JIMMY VILLAMIZAR

New Registered Office Address: 4005 NW 114TH AVE UNIT 3

Enter Florida street address

DORAL

City

Florida 33178

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

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FILED

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

#23 000298/253

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	JIMENEZ S. MANUEL FELIPE	4005 NW 114TH AVE UNIT 3	☐ Add
		DORAL FL 331788	☒ Remove
			☐ Change
MGR	JUAN JIMMY VILLAMIZAR	4005 NW 114TH AVE UNIT 3	☒ Add
		DORAL FL 33178	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

