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COVER LETTER

Division of Corporations
SUBJECT: Jubilee Insurance Agency 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:
Maria Smith Name of Person
Jubilee Insurance Agency Firm/Company
13172 NW 18th St.
Pembroice Pines FL 33038 City/State and Zip Code Tubi Re Insurance agency i Damail Com E-mail address: (to be used for future annual report notification)
Tubilee Insurance agency 100mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mana Smith at (25) G89-893 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

TO:

Registration Section

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**

(Name of the Limite	SUY A CE d Liability Comp A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L.250003</u> 48		were filed on	93 <i> 2</i> 3	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
he new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the designa	ation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	13172 NO	0 1844 5	<u>5</u> †
Principal office address MUST BE A STREET	'ADDRESS)	Pembroke.	Pines, F	L 33028
				
Enter new mailing address, if applicable:		B172 NW	18th 5t	
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Pembroke	Pines	- Fl. 33028
				<u></u>
3. If amending the registered agent and/or registered office address	gistered office <u>here</u> :	address on our record	is, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	Mar	1a Smith		
New Registered Office Address:	13172	NW 18th Enter Florida sp	5+	(2) (2)
	Pembro	_	, Florida	331)78 Zip Code
iew Registered Agent's Signature, if changing Re	gistered 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

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

Title	<u>Name</u>	Address	Type of Action
AREP	United State Copuration	476 Riverside Aug	🗆 Add
	3 2710		Remove
			Change
ingr Maria Smith	Maria Smith	13172 NW 18th St	ÞÁdd
		Pembroke Pines FL 33028	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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	·		□Add
			□Remove
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			Change

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(If an ef Note:	ive date, if other than the date of filing:
f the reco ecord is f	rd 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 led.
Dated	September 17, 2023.
	Signature of a metaber or authorized representative of a member
	Maria Smith Typed or printed name of signee

Filing Fee: \$25.00