L23000373315

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Foreign a
	J DENNIG 868 0 1 2020
	5-1 4 . X 000

Office Use Only



500416136425

FILED
2023 SEP 25 AM 9: 14



COVER LETTER

Registration Section Division of Corporations

TO:

	STA INSURANCE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JORGE L UZCATEGUI		
		Name of Person	
	METAVISTA INSURANG	CE LLC	
		Firm/Company	
	3280 RODRICK CIR		
		Address	
	ORLANDO FL 32824		
	 	City/State and Zip Code	
	Amazonasinsurance2020@	=	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
JORGE LUZCATEG	UI	786 483-9112 at ()	
Name	of Person	Area Code Daytin	ne 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METAVISTA INSURANCE LLC (Name of the Limited Lia	hility Company as it now appears on our reco	rds.)
(A Flo	bility Company as it now appears on our recording Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Torida document number 123000373315	y Company were filed on 08/07/2023	and assigned
forida document number	.	
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	CS SH
		P 2
		5 E D
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
maning dadress mail be a rost of rice boxy	,	
		· - · · · · ·
B. If amending the registered agent and/or registe	red office address on our records, ente	er the name of the new regi
agent and/or the new registered office address her		
Name of New Registered Agent:		
Nous Bouletoned Office Address		
New Registered Office Address:	Enter Florida street addr	ress
	Ţ	Florida
	City	10 пца 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 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>Γitle</u>	Name	Address	Type of Action
AMBR	LUIS MATHISON	18325 KINGSLAND BLVD APT 312	🗆 Add
		HOUSTON, TEXAS 77094	_
		 	• Change
			□Add
			Remove
			Change
			□Add
			□Remove
		will be a second of the second	☐ Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
<u> </u>			□Add
			□Remove
			□ C}

			**	
		-1		
		 		
				
				<u> </u>
				···
		-		
				
ective date, if other than the d	date of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this block	ck does not meet the app	licable statutory filing	re than 90 days after fiting, requirements, this date	will not be listed a
ument's effective date on the Dep	partment of State's record	ds.		
	n e e e e e		- allia& (L) Th	- Outh day after th
cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. o	n the earlier of, (b)	e 90th day after th
AUGUST 7TH				
	12:1			
	—/4 <i>991/</i> ——			
	Signature of a member or au	thorized representative	of a member	