

Division of Corporations

**L2300039369**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Phone : (888)462-3453  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOLUTIONS REINSURANCE BROKERS L.L.C.

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T. LEMIEUX

# COVER LETTER

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOLUTIONS REINSURANCE BROKERS L.L.C.  
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:

LOVETTE DOBSON  
Name of Person  
Firm/Company  
17350 STATE HWY 249 STE 220  
Address  
HOUSTON TX, 77064  
City/State and Zip Code  
EFILE1234@INCFILE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( 1 ) 888-462-3453  
Name of Person 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

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SOLUTIONS REINSURANCE BROKERS L.L.C.

(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 08/15/2023 and assigned
Florida document number L23000383389

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS ANTONIO GUTIERREZ	1150 NW 72ND AVE TOWER 1 STE 455 #12460	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN MANUEL CARMONA	1150 NW 72ND AVE TOWER 1 STE 455 #12460	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIGUEL PAREDES	1150 NW 72ND AVE TOWER 1 STE 455 #12460	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 14th, 2023

Miguel Paredes  
Signature of a member or authorized representative of a member

Miguel Paredes  
Typed or printed name of signee