

L23 000 495 877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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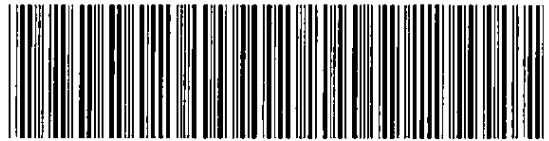
(Business Entity Name)

(Document Number)

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2024 SEP 10 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORTEC INSURANCE 6 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:

BELKIS ROSA PEREZ

Name of Person

BORTEC INSURANCE 6 LLC

Firm/Company

14641 SW 108TH ST

Address

MIAMI/ FL 33186

City/State and Zip Code

BELKISROSA@BORTECINSURANCE.COM

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

For further information concerning this matter, please call:

BELKIS ROSA PEREZ

Name of Person

786 3129450
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2024 SEP 10 PM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BORTEC INSURANCE 6 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 10/31/2023 and assigned
Florida document number L23000495577.

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:

14641 SW 108TH ST MIAMI FL 33186

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

9735 NW 52ND ST APT 420, DORAL FL 33178

(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:

9735 NW 52ND ST APT 420

Enter Florida street address

DORAL

, Florida 33178

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

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REGINA C CHINCHILLA GODO	8723 NW 109TH CT DORAL, FL 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIRLET M RODRIGUEZ YIMES	8265 NW 41ST ST 107 DORAL, FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BELKIS ROSA PEREZ	14641 SW 108TH ST MIAMI FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input 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

2014 SEP 10
SECRETARY OF STATE
TALLAHASSEE, FL
MEET: 36

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

UNFORTUNATELY REGINA C CHINCHILLA GODOY AND MIRLET M RODRIGUEZ YIMES WILL

NO LONGER BE MANAGERS AT BORTEC INSURANCE 6, THEN BELKIS ROSA PEREZ COMENZARA A

MANAGER TAMBIEN EN LA COMPANIA JUNTO A BELKIS DEL CASTILLO, QUE ES MANAGER Y

TAMBIEN EL AGENTE REGISTRADO

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 08/15/2024 (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 08/30/2024

7:04 PM

Signature of a member or authorized representative of a member

BELKIS DEL CASTILLO

Typed or printed name of signee