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PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
	NSURANCE BROKERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SIMON NAON		
		Name of Person	
	NAON AND CO LLC		
		Firm/Company	<u> </u>
	331 NE 89TH STREET		
		Address	
	MIAMI, FL 33138		
		City/State and Zip Code	
	SIMON@NAONANDCO.		·
		to be used for future annual report not	ification)
For further information	concerning this matter, please c		
SIMON NAON		347 898-6079 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 Addre Registration		Street Address: Registration Se	ection
_	Corporations	Division of Co	rporations
P.O. Box 63		The Centre of	
Tallahassee,	rl 32314	Z410 IN. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited I lorida document numberL24000044441	Liability Company	were filed on 01/23/2024	and assi	gned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L	C."
nter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)	331 NE 89TH STREET		
		MIAMI, FL 33138		
nter new mailing address, if applicable:		331 NE 89TH STREET		
Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33138		
				ر س
. If amending the registered agent and/or	registered office :	address on our records, <u>e</u>	nter the name of the new	registe
ent and/or the new registered office addre				$\dot{\psi}$
				1
Name of New Registered Agent:	SIMON NAON	<u> </u>		
New Registered Office Address:	331 NE 89TH	STREET		
THE WINE GIVE CHANGES.		Enter Florida street a	address	
	MIAMI		, Florida 33138	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

CIMAK INSURANCE BROKERS LLC

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>Name</u>	Address	Type of Action
RGV CARPE DIEM LLC	331 NE 89TH STREET	□Add
	MIAMI, FL 33138	□Remove
		■ Change
		□Add
		□ Remove
		□Add
		□Remove
		□Change
		□Rėmove
		□ Change
		DAdd
		□ Remove
		□Change
		□Add
		□ Remove
		RGV CARPE DIEM LLC 331 NE 89TH STREET

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