21/3/24, 14:08 Division of Corporations

L24000107309

H24000107840 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001078403)))

H24000107840 3ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LATIN AMERICAN TAXPRO
Account Number : I20228000185
Phone : (407)318-0823
Fax Number : (561)467-5851

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: MPIPIAINSURANCE@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MPIPIA INSURANCE COMPANY LLC

Certificate of Status	1
Certified Copy	0
Page Count	08
Estimated Charge	$30.00

Electronic Filing Menu Corporate Filing Menu Help

FILED
2024 MAR 21 PM 3:04
SEC. OF STATE
TALLAHASSEE FL

T. LEMIEUX
MAR 22 2024

H 24000107840 3

#24000 107 8403.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MPIPIA INSURANCE COMPANY 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:

MIGDALIA, PIPIA LINARES
Name of Person

Firm/Company

400 GARNET POINTE LN APT 102
Address

ORLANDO FLORIDA 32824
City/State and Zip Code

MPIPIAINSURANCE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGDALIA, PIPIA LINARES at (407) 5906985
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

#24000 107 8403

#240001078403

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MPIPIA INSURANCE COMPANY 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 03/07/2024 and assigned Florida document number L24000110309.

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)

FILED
2024 MAR 21 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City, **Florida** *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

#240001078403

#24000107 8403

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	Name	Address	Type of Action
MGR	DINEL, AVILA MATA	400 GARNET POINTE LN APT 102	☐ Add
		ORLANDO FLORIDA 32824	☒ Remove
			☐ Change
MGR	DIONEL, AVILA MATA	400 GARNET POINTE LN APT 102	☒ Add
		ORLANDO FLORIDA 32824	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

#24000107 8403

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

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 MARCH, 20 , 2024 .

Migdalia Pipia.

Signature of a member or authorized representative of a member

MIGDALIA, PIPIA LINARES

Typed or printed name of signee

Filing Fee: $25.00