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.

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To:

Page: 2 of 6

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : I20170000045

: (786)546-4490

Phone Fax Number

: (800)323-1074

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRICKELL FINANCIAL & INSURANCE GROUP LLC

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Certified Copy	0
Page Count	01
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T. LEMIEUX NOV 2 6 2024

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations	·	
		BRICKELL FINANCIAL &	INSURANCE GROUP LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Please	retum all corre	spondence concerning this matter	to the following:	
		E	EDUARDO MIRALLES	
			Name of Person	<del></del>
		MIAMI E	BUSINESS SOLUTIONS INC	
			Firm/Company	<del></del>
		16	551 SANDY SPRINGS DR	
			Address	
		FL	EMING ISLAND, FL 32003	
		<del></del>	City/State and Zip Code	<del></del>
			RDO@MBSTAXES.COM	
			to be used for future annual report noti	fication)
For fur	rther informatio	on concerning this matter, please o	ali:	
	EDUARDO	O MIRALLES	786 546-4490 at ( )	
	Naп	ne of Person		e Telephone Number
Enclos	ed is a check fo	or the following amount:		
<b>5</b> \$2	5.00 Filing Fee	e S30.00 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 Add		<u>Street Address:</u> Registration Se	ction
	Registration of Division of	f Corporations	Division of Cor	
	P.O. Box 6		The Centre of T	•

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co. (A Florida Limit	& INSURANCE GRO  mpany as it now appears ted Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number		03/14/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	lability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		近年   近年 
			< <u>'</u>
			5 <u>5</u> <del>1</del>
Enter new mailing address, if applicable:	<del></del> .		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<u> -                                   </u>
			rii Oi
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our re	cords, <u>enter the nam</u>	e of the new region
name of New Registered Agent:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	Enter Flori	da street address Florida	

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>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	MANUEL ALVAREZ	10300 SW 72 STREET, STE 3	<b>_</b> _ <b>X</b> Add
		MIAMI, FL 33173	Remove
			(Change
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