

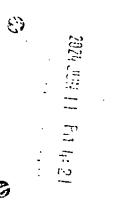
(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F		-
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May 8, 2024

KEVIN DONATES 1122 W CAMINO REAL BOCA RATON, FL 33486

SUBJECT: ASEGURANZA HISPANA LLC

Ref. Number: L24000126086

We have received your document for ASEGURANZA HISPANA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The document must have original signatures.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 124A00010096

Rebekah White Regulatory Specialist III

www.sunbiz.org

COVER LETTER

Registration Section **Division of Corporations**

Tallahassee, FL 32314

CHD HATE.	ASEGURANZA HISPA	NA LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin Donates		
		Name of Person	-
	ASEGURANZA HISP.	ANA LLC	
		Firm(Company	
	1122 W Camino Real		
		Address	
	Boca Raton, FL, 3348	6	
	aseguranzallc@gmail.c	City/State and Zip Code	
		to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Kevin Donates		850 202 125	
Name	of Person	at () Area Code Dayti	ime Telephone Numbet
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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of Co	
P.O. Box 63.	27	The Centre of	Tallahassee

Rebekah White

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASEGURAN	IZA HISPANA LLC		
(Name of the Lim	ted Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization <u>£4000</u> M2isoise11	iability Company were filed on 03/1.	3/2024	and assigned
Florida document number	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability company here:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	•	
Inter new mailing address, if applicable:		63	: 3
mer new maning address, it applicable: Mailing address MAY BE A POST OFFICE	POV		- 122
Stating duaress STAT BE A FOST OF FICE	<u></u>		
		· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or		rds, <u>enter the nam</u>	e of the new registe
gent and/or the new registered office addre	iss nere:	•	7.5 7.5
Name of New Registered Agent:	Luz Maria de la Cruz Quesada	9	
New Registered Office Address:	1122 W CAMINO REAL		
	Enter Florida	street address	
	Roca Raton	33	2486

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.

City

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>	Name	Address	Type of Action
P 	Jose Montalvo	1050 NW 80 AVE, Apt 206, Margate, FL,33063	3 □ Add
			⊠Remove
Р	Kevin Donates	1122 W Camino Real, Boca Raton, FL, 3348	-
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
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Note: If the	date, if other than the ore date is listed, the date must be date inserted in this bloss effective date on the De	be specific and cannot be pock does not meet the app	rior to date of filing or more olicable statutory filing r	(optional) than 90 days after filing.) Pursuar equirements, this date will not	n to 605.0207 (3) be listed as the
ne record sp ord is filed.	ecifies a delayed effective	date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90th d	ay after the
Dated	April, 16	2024			
	-		lactury uthorized Tepresentative of		
		Luste!	april		

Typed or printed name of signee