

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000174712

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

((H24000377878 3))



H240003778783ABCD

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 : J316 SERVICES LLC
Account Number : I20230000189
Phone : (213)703-9464
Fax Number : (888)690-5310

2024 NOV 14 PM 4:49
RECEIVED
TALLAHASSEE, FL
STATE

FILED

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

Email Address: ar@j316.services

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEGACY IMIGRA INSURANCE LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 0406 |
| Estimated Charge | \$25.00 |

M. SOLOMON
NOV 15 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEGACY IMIGRA INSURANCE 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 04/12/2024 and assigned Florida document number L24000174712.

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)

FILED
2024 NOV 14 PM 4:49
SECRETARY OF STATE

Enter new mailing address, if applicable:

(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:

Enter Florida street address

_____, **Florida** _____

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:

H24000377878 3

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------------|-----------------------------|---|
| MGR | JULIO CESAR GUSMAN ESCOBAR BUENO | 2121 S HIAWASSEE RD STE 108 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32835 | <input 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 |
| | | | <input type="checkbox"/> Add |
| | | | <input 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 |

FILED
 24 NOV 14 PM 4:08
 FEDERAL BUREAU OF INVESTIGATION
 2121 S HIAWASSEE RD STE 108
 ORLANDO, FL 32835

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

OPERATING AGREEMENT ATTACHED TO THIS AMENDMENT.

FILED
2024 NOV 14 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 11/14/2024 (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 November 14, 2024

Sergio Souza
Signature of a member or authorized representative of a member

Sergio Souza - Agent - J316 Services LLC
Typed or printed name of signee