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## **COVER LETTER**

	istration Se ision of Cor							
		JRANCE AGENCY LLC						
SUBJECT:		Name of Lim	ited Liability Company					
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		MARIO HURTADO						
			Name of Person					
		D&M INSURANCE AGE	NCY LLC					
	-							
		20514 NW 22 PL						
			Address		·			
		MIAMI GARDENS, FL 3	3056					
			City/State and Zip Co	ode	<del></del>			
		Daniadominguez@deltoroi	nsurance.com to be used for future and	unal report potific	earion)			
For further is	nformation c	oncerning this matter, please c		uai report noune	autony			
DANIA DO	MINGUEZ		786	443-1516				
Name of Person		Area Code	Daytime '	Telephone Number				
Enclosed is a	n check for th	ne following amount:						
<b>⊠</b> \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	<i>,</i>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres gistration S		Regi	t Address: stration Sect				
Division of Corporations				Division of Corporations The Centre of Tallahassee				
	D. Box 632 Ilahassee, I				Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&M INSURANCE AGENCY LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		2024 OCT
Enter new mailing address, if applicable:		30
(Mailing address MAY BE A POST OFFICE BOX)		PH 5:38
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti rovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIO HURTADO	20514 NW 22 PL MIAMI GARDENS, FL 33056	□Add
			□Remove
			<b>%</b> Change
			□Add
			□Remove
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<del></del>				<del> </del>	<del></del>		<u>.</u>	
Iffective date, if	other than the dat	e of filing:				(optiona	ıl)	
Fan effective date is Note: If the date	listed, the date must be inserted in this block	specific and ca does not me	annot be prior t et the applica	to date of filing able statutory	or more than 90 filing requires	nents, this da	ng.) Pursuant to 60: ite will not be list	ed a
locument's effect	ive date on the Depar	tment of Sta	te's records.	•	0 ,			
	a delayed effective da	te, but not a	n effective tir	ne, at 12:01 a	i,m, on the ear	flier of: (b)	The 90th day afte	er the
d is filed.								
OCTOBE	₹ 22		2024					
Dated	<del></del>	·		<u> </u>				
			M	1				
	Sign	nature of a me	mbor or alitho	rized represent	ative of a mem	ber		
				•				

Filing Fee: \$25.00