

8/20/24, 1:08 PM

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Division of Corporations

L2400036576

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.

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To:

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

From:

Account Name : FLL BUSINESS SOLUTION CORP
Account Number : I20190000092
Phone : (754)202-8663
Fax Number : (786)636-3620

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

Email Address: FLLbusiness@outlook.com

FILED
2024 AUG 20 PM 1:01

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLL INSURANCE AGENCY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLL INSURANCE AGENCY 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:

XIANNY CHINCHILLA
Name of Person
FLL BUSINESS SOLUTION CORP
Firm/Company
8350 W STATE ROAD 84
Address
DAVIE, FLORIDA, 33324
City, State and Zip Code
FLLbusiness@outlook.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

XIANNY CHINCHILLA 754 202-8663
Name of Person at (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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

H240002790033

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLI INSURANCE AGENCY 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 07/30/2024 and assigned
Florida document number 124000356576.

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 "LLC."

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)

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	FLI Business Solution Corp	8350 W State Road 84	☐ Add
	Note: FIX THE MYSTIPE	Davie, FL 33324	☐ Remove
			☒ Change
AMBR	Xianny Chinchilla	8350 W State Road 84	☒ Add
		Davie, FL 33324	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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

F. 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 AUGUST 20, 2024

Xianny Chinchilla
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

XIANNY CHINCHILLA

Typed or printed name of signee

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Filing Fee: \$25.00