L24000363055

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer.

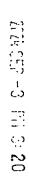




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COVER LETTER

Div	ision of Cor	porations		
SHRIFCT:		les Insurance Agency LLC		
30000017		Name of Lim	ited Liability Company	
Tha malaasi	Lambalan at	A mandment and fools are sub-	mitted for filing	
			_	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Jorge C Rubio		
			Name of Person	V
		Palms Castles Insurance A	gency I.I.	
			Firm/Company	
		13301 SW 132nd Ave Suit	se 215	
	enclosed Articles of Amen use return all correspondence Pa 13 M j.ru further information concern ge C Rubio Name of Person closed is a check for the followed.		Address	
		Miami, FL 33186		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		j.rubio@palmscastlesinsura	nce.com to be used for future annual report notif	Scution)
Post Godbook	- Ca — atia = a			icatory
POT IURINCE II	погнанов с	oncerning this matter, picase ca	un.	
Jorge C Rub	io		305 339-2613 at ()	
	Nune o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a	rcheck for th	ne following amount:		
\$25.00 1	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palms Castles Insurance Agency LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L24000363055</u>	were filed on August 19, 2024 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	ility company here:
mending staring date from 10/01//2024 to 08/22/2024	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L,L.C."
nter new principal offices address, if applicable:	13301 SW 132nd Ave Suite 215
Principal office address MUST BE A STREET ADDRESS)	Miami, FI 3386
inter new mailing address, if applicable:	4188 NE 9 Street
Mailing address MAY BE A POST OFFICE BOX)	Homestead, FI 33033
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
if Chai	nging Registered Agent, Signature of New Registered Agent (A)

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>	<u>Name</u>	Address	Type of Action
			[] Add
			□Remove
			□ Change
			🗆 Add
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Changing the effective date fro	om 10/01/2024 to a new date of 08/22/2024.	<u> </u>	-
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ffective date, if other than the dan effective date is listed, the date must be to the date inserted in this block becoment's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days at ek does not meet the applicable statutory filing requirements.	p tional) fter filing.) Pursuant to 605 this date will not be list	5,0207 (led as ti
is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after	r the
ated August 22	2024		5 −3
atea	1410	: ;	6 3 1 -2 24
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7 —	MCOON .		ز
7 —	Signature of a member or authorized representative of a member	 :	1
7 —	Signature of a member or authorized representative of a member		-0

Filing Fee: \$25.00