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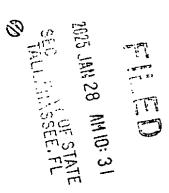
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COVER LETTER ,

TO:		tion Section of Corporations	
SUBJE		nsurance, LEC	
SUBJE	C1:	Name of Limited Liability Company	
		cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:	
		William Torres	
		Name of Person	
		TJ Insurance, LLC	
		Firm/Company	
		8315 Round Leaf Ln	
		Address	_
		Riverview FL 33578	
		City/State and Zip Code williamtorresrealtor@gmail.com	_
For furth	ner inform:	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call;	7025
Willian	Torres	813 510-0910	17 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
••	ì	Name of Person Area Code Daytime Telephone Nun	iber SSE
Enclose	d is a checl	ck for the following amount:	IO: 23 STATE E. FL
□ \$25	.00 Filing	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

Mailing Address:

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

TJ 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 _____ and assigned Florida document number ____L24000516278 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cover Insurance, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 327 E. Robertson St. Enter new principal offices address, if applicable: Brandon FL 33511 (Principal office address MUST BE A STREET ADDRESS) 327 E. Robertson St. Enter new mailing address, if applicable: Brandon FL 33511 (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

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
		± -	□Change
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