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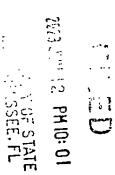
(Requestor's Name)
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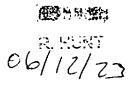
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COVER LETTER

TO:	Registration Se Division of Cor		·	
		e Solutions, LLC		
SUBJE	.CT:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	eturn all correspo	ondence concerning this matter	to the following:	
		Beverly Kingsley		513 1213 1113
		 	Name of Person	
		65 Medicare Solutions, LI	.C changing to 65-MediGap Insurance Agency	7 22 72
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	Son R
		118 Blanca Isles Lane		PMID: 01
			Address	
		Jupiter, FL 33478		
		bkingsley@65-MediGap.cc	City/State and Zip Code	-
			to be used for future annual report notification)	
For furt	her information e	oncerning this matter, please c	all:	
Beverly	. Kingsley		561 701-4030	
	Name o	f Person	Area Code Daytime Telephone	Number
Enclose	ed is a check for th	ne following amount:		
⊐ \$2;	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

65 Medicare Solutions, LLC		
Name of the Limited Liability Com (A Florida Lunite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ıy were filed on <u>07/15/2010</u>	and assigned
Torida document number <u>L10000074646</u> .		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	
55-MediGap Insurance Agency, LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		ሎ ን ፈን ነላር
Principal office address MUST BE A STREET ADDRESS)		نت
THICIPAL OFFICE AUDIESS BIOST BY, A STREET APPARESSY		
	-	N
		SAS BE
Inter new mailing address, if applicable:		— <u>————————————————————————————————————</u>
Mailing address MAY BE A POST OFFICE BOX)		_ FA _9
3. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter th</u>	e name of the new reg
N D () ON A 11		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	ida 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
			□Remove
			□Change
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<u>ite:</u> If i	the date inser i's effective d	ted in this b	lock does no	ot meet the	e applicab	le statutory	tiling requi	rements, t	his date wil	I not be	listed as
cord s is filed.	pecifies a del:	ayed effectiv	ve date, but	not an effe	ective time	e, at 12:01 a	i.m. on the	earlier of:	(b) The 9	Oth day a	ifter the
ted	6.7			2	023).					
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Filing Fee: \$25.00