

LOG 0000 66140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

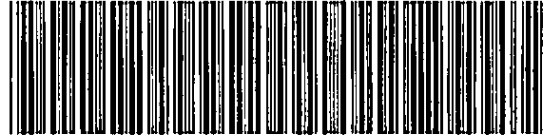
(Business Entity Name)

(Document Number)

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2022 MAY -3 AM 7:38  
S. PRATHER  
TALLAHASSEE, FLORIDA

JUN 24 2022

S. PRATHER

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Long-Term Care Insurance Services, 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:

Robert L. Cochran  
\_\_\_\_\_  
Name of Person

Long-Term Care Insurance Services, LLC  
\_\_\_\_\_  
Firm/Company

3878 N. Lake Orlando Parkway  
\_\_\_\_\_  
Address

Orlando, FL 32808  
\_\_\_\_\_  
City/State and Zip Code

rob@LTCresearch.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert L. Cochran  
\_\_\_\_\_  
Name of Person

407 290-8414  
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  
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

Long-Term Care Insurance Services, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2022 MAY -3 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number LO8000066140

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 "L.L.C."

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

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>	<u>Type of Action</u>
AMBR	Saneen R. Cochran	3878 N. Lake Orlando Parkway, Orlando, FL 32808	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. 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 April 28, 2022

Signature of Robert L. Cochran
Signature of a member or authorized representative of a member

Robert L. Cochran
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -3 AM 7:38

FILED