

L10000113174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

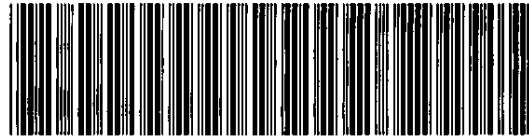
Special Instructions to Filing Officer:

A. LUNT

SEP 16 2011

EXAMINER

Office Use Only



300211807213

09/15/11--01006--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 15 AM 10:40

FILED

September 12, 2011

Access Health Insurance, LLC
2250 North Federal Highway
Boca Raton, FL 33431

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amendment of Articles of Organization Access Health

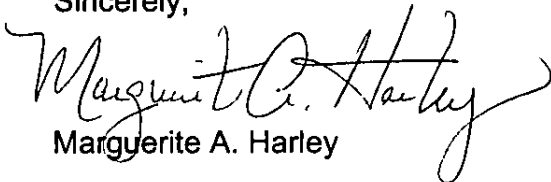
To Whom It May Concern:

Please find attached the amendment to the Articles of Organization for Access Health Insurance, LLC and a check for the filing fee of \$25.00.

Please contact Peter Colon @ 786-227-5200 if you have any questions.

Thank you for your service.

Sincerely,


Marguerite A. Harley

Access Health Insurance, LLC
Boca Raton, FL 33431
Managing Member

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2011 SEP 15 AM 10:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
SEP 15 2011
TALLAHASSEE, FLORIDA
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Access Health Insurance, 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:

Pedro J. Colon

Name of Person

Access Health Insurance, LLC

Firm/Company

2250 North Federal Highway

Address

Boca Raton, FL 33431

City/State and Zip Code

peter@accesslifeusa.com

E-mail address: (to be used for future annual report notification)

FILED
2011 SEP 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter J. Colon

Name of Person

at (786)

227-5200

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Access Health 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 10/28/2010 and assigned
Florida document number L10000113174.

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 end with 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)

2250 North Federal Highway

Boca Raton, FL 33431

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:

2250 North Federal Highway

Enter Florida street address

Boca Raton

Florida

33431

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Roy T. Amico	2250 North Federal Highway Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Marguerite A. Harley	2250 North Federal Highway Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Matthew DeMarco	2250 North Federal Highway Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ryan Onda	2250 North Federal Highway Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 31st, 2011

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2011 SEP 15 AM 10:44
CLERK OF CIRCUIT
JUDICIAL DISTRICT
NINTH JUDICIAL CIRCUIT
PALM BEACH, FLORIDA