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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

STATE OF ART HOME HEALTH CARE 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 03/23/2013 and assigned
Florida document number L11000035230

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SQUARE LINK INSURANCE GROUP LLC

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)

1876 NORTH UNIVERSITY DR 308D
PLANTATION FL 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1876 NORTH UNIVERSITY DR 308D
PLANTATION FL 33322

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:

Damian McKenzie

New Registered Office Address:

1876 N. University Dr 308D

Enter Florida street address

Plantation

City

Florida

33322

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|-------------------|-------------------------------|--|
| MGRM | REGINA MCKENZIE | 1876 NORTH UNIVERSITY DRIVE | <input type="checkbox"/> Add |
| | | PLANTATION FL 33322 | <input checked="" type="checkbox"/> Remove |
| MGR | REGINA A MCKENZIE | 1876 NORTH UNIVERSITY DR 308D | <input checked="" type="checkbox"/> Add |
| | | PLANTATION FL 33322 | <input type="checkbox"/> Remove |
| MGR | DAMION MCKENZIE | 1876 NORTH UNIVERSITY DR 308D | <input checked="" type="checkbox"/> Add |
| | | PLANTATION FL 33322 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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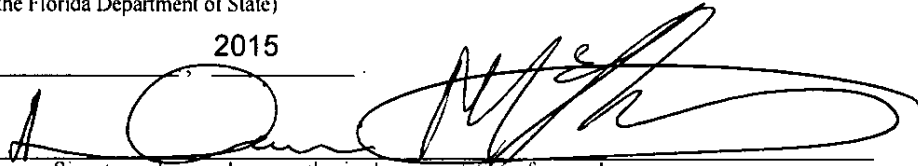
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 8

2015



Signature of a member or authorized representative of a member

DAMION MCKENZIE

Typed or printed name of signee

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