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SECRETARY OF STATE

N. Cuffeen NOV 2216

COVER LETTER

Registration Section

Division of Corporations			
SUBJECT:	Group Insura	ance Strategies, LLC	
Strate .		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suit	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Carrie D. Huerta		
		Name of Person	
Group Insurance Strategies, LLC			
		Firm/Company	
	26829 Tanic Drive, Suite 101		
		Address	
	W	esley Chapel, Fl 33544	
		City/State and Zip Code	
	ca	arrie@gbsinc-usa.com	
	E-mail address: (to be used for future annual report notification	on)
For further information of	concerning this matter, please of	eall:	
Da	vid A. Huerta	_{at (} 813 ₎ 907-03	600, ext. 13
Name o	Name of Person Area Code & Daytime Telephone Number		lephone Number
Enclosed is a check for the	he 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)
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Group Insurance Strategies, LLC

FILED 11 NOV 21 PH 12: 14 SECRETARY OF STREET

(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 _____ May 1, 2011 and assigned L11000055241 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A_____ (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: N/A 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 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.

City

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 Title Title <u>Name</u> **Address Type of Action MGRM** David A. Huerta 26829 Tanic Drive, Suite 101 Add Wesley Chapel, Fl 33544 Remove Sei Hwan Pak MGR 397 Babcock Street ☐ Add Melbourne FL 32935 Remove MGR Frank Tsamoutales 106 East College Ave. Suite 900 Tallahassee FL 32302 Remove **MGRM** Huerta Holdings, LLC 26829 Tanic Drive, Suite 101 Wesley Chapel, Fl 33544 Remove MGR Quality Care Holdings, LLC 397 Babcock Street ✓Add Melbourne, FL 32935 Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary The DBA changing from The Exchange Source to Insurance Transparency November 17 2011 Dated ____ Signature of a member or authorized representative of a member David A. Huerta Typed or printed name of signee

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Filing Fee: \$25.00