

L11000106680

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Rosa Wong, Paralegal  
Account Name : AKERMAN LLP - MIAMI  
Account Number : 075471001363  
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S. WARREN

MAY 31 2017

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

Grandparents Insurance Solutions 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 September 19, 2011 and assigned Florida document number L11000106680.

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:

606 Post Road East 614

(Principal office address MUST BE A STREET ADDRESS)

Westport, CT 06880

Enter new mailing address, if applicable:

606 Post Road East 614

(Mailing address MAY BE A POST OFFICE BOX)

Westport, CT 06880

**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

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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	Steve Leber	UPS Store 0647, PO Box 134	<input type="checkbox"/> Add
		1773A Second Avenue	<input checked="" type="checkbox"/> Remove
		New York, NY 10065	<input type="checkbox"/> Change
AMBR	Josh Rizzack	606 Post Road East 614	<input checked="" type="checkbox"/> Add
		Westport, CT 06880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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if necessary.)

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date of filing

**\_ (optional)**

in 90 days after filing.) Pursuant to 605.0207 (3)(b)

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1 a.m. on the earlier of:

May 26 2017

Signature of a member or authorized representative of a member

**Lee Lazarus, Executive Vice President**

Typed or printed name of signee

7

**Filing Fee: \$25.00**

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