Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Addr	e	8	5	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRP MEDICARE INSURANCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

LEB 54 5053 dlaH

2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRP Medicare Insurance, LI				
(Name of the Limited) (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)		_
The Articles of Organization for this Limited Liabi	lity Company were filed on	12/13/2012	and	assigned
Florida document number <u>L12000155937</u>	·			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :		
BRP Insurance I, LLC				
The new name must be distinguishable and contain the words	s "Limited Liability Company," the de	signation "LLC" or the ab	breviation	"L.L.C."
Enter new principal offices address, if applicabl	e:	- Here's		
(Principal office address MUST BE A STREET A	(DDRESS)			
				
				
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BO	X)			
B. If amending the registered agent and/or regis	stered office address on our re	$\overline{\mathbb{Q}}$ cords, enter the nam	e of the r	new regis
agent and/or the new registered office address h		 		
				יר <u>י</u> מ
Name of New Registered Agent:				ည . သ r
New Registered Office Address:				x
	Enter Floria	da street address	-	12: 5
_		Florida	=	<u>و</u> 2
	City		Zip Cot	le -

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 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>	Address	Type of Action
		□ Remove	
		- · · · · · · · · · · · · · · · · · · ·	□Remove
			Change
			□Add
		□Remove	
		□Remove	
			☐ Change
		□Add	
		□Change	
			□Add
			□ Remove

D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
····	
	
	
Note: If the	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) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record spec record is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Febr	ruary 23rd 2023
_	Signature of a member or authorized representative of a member
Je	enisa Irizarry

Typed or printed name of signee