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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 Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E. R. INSURANCE ASSOCIATES, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF '

E. R. INSURANCE ASSOCIATE				_	
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)			
he Articles of Organization for this Limited 1	Liability Compa	ny were filed on 06/13/2013	and	assigno	ed
lorida document number L13000085881	·				
his amendment is submitted to amend the fol	llowing:				
If amending name, enter the new name	of the limited li	ability company here:			
I/A					
te new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or the ab	breviation	"L.L.C.	
nter new principal offices address, if appli	icable:	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)				
nter new mailing address, if applicable: <u>Sailing address MAY BE A POST OFFICE</u>	E BOX)	N/A			·
. If amending the registered agent and/or ent and/or the new registered office addr	Ų	ce address on our records, enter the nam	ie of the	new ree 2022 JUL	<u>giste</u>
Name of New Registered Agent:	N/A		· . 	JUL 2	
New Registered Office Address:			<u>.</u>	-	1-
		Enter Florida street address	• •	PH	
		, Florida	<u>:-</u>	<u> က</u>	
		City	Zip Co	nde -	

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
Managing <u>Member</u>	ROBBYN CANNATELLI	2101 NW 33RD ST., SUITE 2500A	
		POMPANO BEACH, FL 33069	□ Remove
			€Change
Managing Member	Edward D Cannatelli	2101 NW 33RD ST., SUITE 2500A	
		POMPANO BEACH, FL 33069	≅ Remove
			□Change
MGR	Joseph Cannatelli	2101 NW 33RD ST., SUITE 2500A	■Add
		POMPANO BEACH, FL 33069	□ Remove
			
			Remove
			□Change
			DAdd
			Remove
			🖸 Add
		 	□ Remove
			□Chomou

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N/A	
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Effective date, if other than the d	ate of filing: (optional) se specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
(If an effective date is listed, the date must be Note: If the date inserted in this bloc	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 be does not meet the applicable statutory filing requirements, this date will not be listed a
document's effective date on the Dep	
he record specifies a delayed effective of ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	2022
10 0	
	ignature of a member or authorized representative of a member
Carlos M Alvarez, Attorna	ev-in-Fact
Caron in Tirates, morn	-, · ·