## 113000177375

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2016 JAN 15 PH 2:5

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K.SALY EXAMINER JAN 19

## **COVER LETTER**

	istration Se	porations '			
SURIECT:	Affordable	Care Act Plans, LLC			
Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Orestes Llorente			
			Name of Person		
		Affordable Care Act Plans	, LLC		
		<del></del>	Firm/Company		
		1431 Ponce de Leon Blvd			
			Address	·····	
		Coral Gables, FL 33134			
		O@eipolicy.com	City/State and Zip Code		
			to be used for future annual report	notification)	
For further in	formation c	oncerning this matter, please ca	all:		
Orestes Llore	ente		305 265-011:		
	Name o	f Person	Area Code Da	ytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 JAN 15 PM 2:59

Affordable Care Act Plans, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limite	d Liability Company)	TECHHASSEE FLOOR
The Articles of Organization for this Limited Florida document number L13000177375	Liability Compar	y were filed on 12/27/2013	
This amendment is submitted to amend the fo	llowing:		
	Ŭ		
A. If amending name, enter the new name	<u>of the limited lia</u>	bility company here:	
Affordable Care Act Plans Agency, LLC		<del></del>	
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address he	office address on our recor re:	rds, enter the name of the ne
New Registered Office Address:			
	<del></del>	Enter Florida street add	ress
		<b>,</b> ]	Florida
		City	Florida Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>::</u>	
I hereby accept the appointment as register provisions of all statutes relative to the propactions of the obligations of my position as regionering filed to merely reflect a change in the company has been notified in writing of this	per and complet istered agent as registered offic	e performance of my duties, provided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is

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 = M $AMBR = A$	Ianager authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	2016 JAN 15 PM 2.5	Type of Action
	N/A	<del></del>	2016 JAN 15 PM 2:59 FALLAHAGSEF FLORID.	Add
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Tanking data of all and a contract of the cont	
fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prio  ote: If the date inserted in this block does not meet the applic  ocument's effective date on the Department of State's records	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 cable statutory filing requirements, this date will not be listed as the s.
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
ated January 11 2016	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00