(Requestor's Name)	
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(City/State/Zip/Phone #	r)
PICK-UP WAIT	MAIL
(Business Entity Name)
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(Document Number)	
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COVER LETTER

SUBJECT:	WE KARE I Name of Limi	FNSURANCE SERVICE ited Liability Company	<u> </u>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
Division of Corporations			
	5561 W	OAKLAND PALK Address	BLVD
	_ L AUDERHILL	FL 333 13 City/State and Zip Code	
	E-mail address: (1	NLIC YAHOO-COM to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	il:	
MARK	HAYNES of Person	at (<u>954</u>) <u>512</u> - Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

STREET/COURIER ADDRESS:

m gy chan

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE KA	RE INSULANCE	SELVICES		
(<u>Name of the Limited L</u> (A F	ability Company as it now applorida Limited Liability Compan	oears on our records.)		
The Articles of Organization for this Limited Liabil Florida document number		05/02/-	2 <i>014</i> and assig	gned
This amendment is submitted to amend the following	ıg:		•	
A. If amending name, enter the new name of the	limited liability company	here:		
WE KARE RISK M	ANAGE MENT	LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," th	ne designation "LLC" or	the abbreviation "L.L	C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A		N/A		
Enter new mailing address, if applicable:		N/.	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		64 o n	
B. If amending the registered agent and/or	registered office address	on our records, e	onter the name of	; of the nev
registered agent and/or the new registered office		on our records, c	The name of	* 1 *
Name of New Registered Agent:		4/0	12: 24	· .
New Registered Office Address:		114		
Trom Registered Office Addition	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

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 = N $AMBR = A$	Manager Authorized Membe	r	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		\/ / 	☐ Change
			Add
			Remove
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			□ Add
			Remove
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		N /	□ Remove
			☐ Change
	-		
			☐ Remove
			☐ Change
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f amending any other information, enter change(s) here: (Attach addition		_
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· · · · · · · · · · · · · · · · · · ·	2 <u>3</u>	M&P 0 -
	<u> </u>	-
	(optional)	
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	re than 90 days after filing.) Pursuant (23)	05.0207
ne record specifies a delayed effective date, but not an effective tine. The 90th day after the record is filed.	me, at 12:01 a.m. on the ear	lier of
	_	
Dated 03 - 16 , 2016 .		
Dated 03 - 16 , 2016		
Signature of a member or authorized representative of	of a member	

Page 3 of 3

Filing Fee: \$25.00