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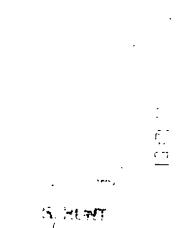
(Re	equestor's Name)	
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	Registration Se Division of Cor				
011B 1132		4 LIFE NOW LLC			
SUBJEC	:T:		ited Liability Company		
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		LUIS FORTUN			
			Name of Person		
			Firm/Company		
		22428 SW 94 PATH			
			Address		
		MIAMI, FL 33190			,
			City/State and Zip Code		
		PLANNING4LIFENOW@0			
		E-mail address: (t	o be used for future annual report notif	ication)	
For furth	er information co	oncerning this matter, please ca	ıll:		
LUIS FO			305 3603784		;; <u>C1</u>
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed	is a check for th	e following amount:			
<b>■</b> \$25,0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLANNING 4 LIFE NOW 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  $\frac{06/02/2014}{1}$ and assigned Florida document number <u>L14000091838</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PLANNING 4 HEALTH INSURANCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 22428 SW 94 PATH Enter new principal offices address, if applicable: MIAMI, FL 33190 (Principal office address MUST BE A STREET ADDRESS) SAME AS ABOVE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ζ,Fj 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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>	Name	Address	Type of Action
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			Change
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Dated MAY 5				

Typed or printed name of signee