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(City/:	State/Zip/Phone	#)
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(Docu	ument Number)	
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MAY 11 2015 J. BRUCE

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Or	Hident Insc	wanc Solu led Liability Company	tions, LLC	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	Convident 28447 Sw Homeste Considert Ethiail address: (16	Name of Person Insurance Solution Firm/Company Address Address City/State and Zip Code Solution Company City/State and Zip Code	itions@yahoo. Com	·
For further information of	Oncerning this matter, please cal	II:		
Onrad	Lemonious (Person	at (<u>786)</u> <u>\$5.</u> Area Code Day	3-4420 Time Telephone Number	
Enclosed is a check for the	ne following amount:		Y CESTA	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing (1) Certificate of Status	,

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Considert Insurance Solutions, 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 4/28/2015 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 Office Address: Enter Florida street address
City Florida 2 1
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 = Manager

AMBR = Authorized Member **Type of Action Title** Name <u>Address</u> ☐ Change _□ Change _□ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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	tive date, if other than the date of filing: 4/28/20/5 (optional)
Note:	fective 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 605,020 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will force light as
docun	nent's effective date on the Department of State's records.
ha ra	cord specifies a delayed effective date, but not an effective time, at 12:01 a more effective time.
The	e 90th day after the record is filed.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on each of the specifies and the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00