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2022 NOV 28 AM 10: 39 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER '

Div	ision of Corp	orations		
CIID LECT.		RANCE, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
Le meloca	d Actiology of	Amendment and fee(s) are subt	mitted for filing	
Please retur	n all correspo	ndence concerning this matter t	to the following:	
		VICKI TAYLOR		
			Name of Person	
		GEM INSURANCE, LLC		
			Firm/Company	
		4131 SOUTHSIDE BLVD	STE 109	
			Address	
		Jacksonville, FL 32216		
			City/State and Zip Code	
		VICKI@GEM1.NET		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	ali:	
VICKITA	YLOR		904 724-3854 317)	
	Name o	f Person	at ()	Telephone Number
Enclosed is	a check for tl	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEM INSURANCE, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)) ————————————————————————————————————
The Articles of Organization for this Limited Liability Company	were filed on 12/30/2015	and assigned
Florida document number L16000000827		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited fial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		20022 T. T.
		<u> </u>
		VALUE AND
B. If amending the registered agent and/or registered office	address on our records, enter t	he name of the new registers
agent and/or the new registered office address here:		
N. D. L.		
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	emer r tortau street address	
	City , Flor	rida
	C11)	cour

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

<u>Title</u>	Name	Address	Type of Action
الم المراز	SUMMER ALDERMAN	4131 SOUTHSIDE BLVD STE 109 JAX, FL 32216	≣Add
			🗆 Remove
			□Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.					
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Filing Fee: \$25.00