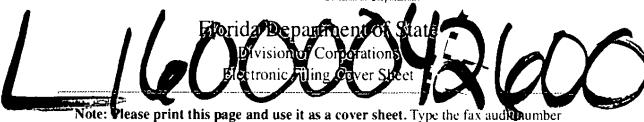
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Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.>

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRP MEDICARE INSURANCE III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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XI. 77.12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRP MEDICARE INSURANCE III, LLC		
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited Liability Company were filed or	03/02/2016	and assigned
Florida document number <u>L16000042600</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
BRP Insurance III, LLC		
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)		<u> </u>
		
		2 kJ.
Enter new mailing address, if applicable:		ω
(Mailing address MAY BE A POST OFFICE BOX)	****	
		: 2
		5 0
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the na</u>	me of the new registered
agent and or the new registered times addition here.		
Name of New Registered Agent:		
New Registered Office Address: Enter	Florida street address	
	, Florida	

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.

City

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
	<u> </u>		□ Add
			□ Remove
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Jenisa Irizarry

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f an efl <u>Note:</u>	e date, if other than the date of filing:
recor d is fi	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 d.
Dated	ebruary 23rd 2023

Typed or printed name of signee