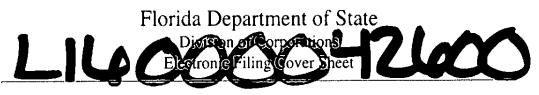
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Division of Corporations



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

Certificate of Status	1
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FEB 1 7 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRP Insurance III, 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 03/02/2016 and assigned Florida document number L16000042600 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Baldwin Group Health Insurance, 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) 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 Florida City

New Registered Agent's Signature, if changing Registered Agent:

15612148442

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 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
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Fective date, if other than the date on effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Deparation	does not meet the applicabl	late of filing or more than 90 e statutory filing requiren	(optional) days after filing.) Pursuant to 605.020 ments, this date will not be listed a
ecord specifies a delayed effective da is filed.	ate, but not an effective time	, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
ted February 14th	. 2025		
Sie	Michelle mature of a member or authoriz	Carda ed representative of a memb	et
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Michelle Cerda, Attorney-i	n Cant		

Filing Fee: \$25.00