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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EDR Portfolio Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Justin Er, Ksen Name of Person
EDR Portfolio Services, LLC
2220 CR 210 N STE 108
Jack Sonville, FL 32250 City/State and Zip Code
E-mail address: (to be used for future annual reports ofification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \square\$ \$55.00 Filing Fee & \square\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\square\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EPR Portfolio Services, LLC

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000127837</u> .	were filed on 2/19/25/6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
RUGAR Insurance Ser	rices LLC
The new name must be distinguishable and contain the words "Limited Liabi	fity Company, the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(same as frior)
(Principal office address MUST BE A STREET ADDRESS)	7225 CR 210 W, STE 108 Jucksonville, FL 32250
Enter new mailing address, if applicable:	— N/A ; = -
(Mailing address MAY BE A POST OFFICE BOX)	
	Tenna
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Floruda street haddre:
	NA Florida NA
New Registered Agent's Signature if changing Projectered Agent:	Cny Zip Code

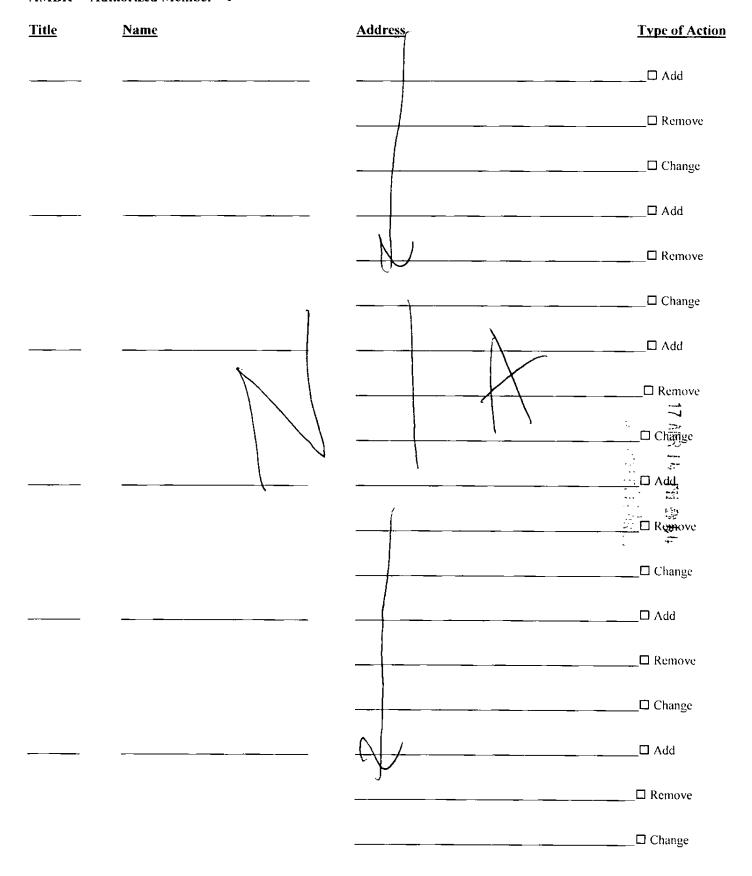
If Changing Registered Agent, Signature of New Registered Agent

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 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 .



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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	must be specific and cannot be s block does not meet the a	e prior to date of fi applicable statute	ing or more than 90	(optional) days after filing ents, this date	.) Pursuant	t to 605.020 be listed as
e record specifies a dela The 90th day after the	yed effective date, bu		ctive time, at 1	2:01 a.m.	on the	earlier o
ated		017. Z.B	Enpse	U , M	em!	<u>b</u> er
	Signature of a member o		ignee KSC			

Page 3 of 3

Filing Fee: \$25.00