

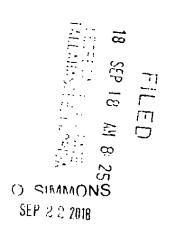
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TO: Registration Section
Division of Corporations

WellfitInsure LLC

SUBJECT:	· · · · · · · · · · · · · · · · · · ·		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Khalil Bell		
	WellfitInsure LLC	Name of Person	
		Firm/Company	
	PO Box 414460		
	Miami Beach F1, 33141	Address	
	info@WellfitInsure.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information of	oncerning this matter, please co	all:	
Khalil Bell		305 772-5581	
Name c	r Person	at () Area Code Daytime	e Telephone Number
inclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WellfitInsure LLC		<u>.</u>
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our reco I Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Compared Florida document number 1.17000144576	y were filed on July 5, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	J.C" or the abbrevation "L.L.C."
Enter new principal offices address, if applicable:	600 93rd Street	2 2
Principal office address MUST BE A STREET ADDRESS)	Surfside FL 33154	
Enter new mailing address, if applicable:	PO Box 414460	A 8 25
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach FL 33111	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		rds, <u>enter the name of th</u>
traine of thew inegistered regent.		
New Registered Office Address:	Enter Florida street add	lress
		Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Khalif Bell	600 93rd Street.	
· _			
		Surfside FL 33154	
			☐ Remove
			Change
AMBR	Alison M Reagin	73 NE 117th Street	
AMDK			□ Add
		Miami FL 33161	
			■ Remove
			Change
	n/a		
		·	☐ Remove
			2 Kemove
			Change
	n/a		
			□ Add
			□ Remove
			C Remove
			- □ Change
	n/a	·	to Change
			□ Add
			☐ Remove
			Nelliove
			Change
	n/a		Change
			□ Add
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			Remove
			U INCHIENC
			Chamas
			□ Change

if amending any other informa	ation, enter change(s) here: (Attach additio	nal sheets, if necessary.)
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Effective date, if other than the	e date of filing:	(optional) ore than 90 days after filing) Pursuant to 605 0207
Note: If the date inserted in this b	lock does not meet the applicable statutory filing	requirements, this date will not be listed as
document's effective date on the f	repartment of State's records.	
ne record specifies a delaye The 90th day after the rec	d effective date, but not an effective ti	me, at 12:01 a.m. on the earlier o
·		
September 10 Dated	2018	
7417		
alle	Signature of a member or authorized representative	

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Typed or printed name of signee

Filing Fee: \$25.00