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17 AUG 29 AN J. 20 SECRETARY OF STATE

COVER LETTER

Division of Cor	porations		
USA Medic	care Advisors LLC	•	·
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jordan Vickers		
		Name of Person	
	USA Medicare Advisors L	LC	
		Firm/Company	
	1001 W Cypress Creek Rd	Ste 105	
		Address	
	Fort Lauderdale, FL 33309		
		City/State and Zip Code	_
	jvickers@usamedicareadvis	ors.com to be used for future annual report notific	
		•	cation)
For further information c	oncerning this matter, please ca	all:	
Jordan Vickers		954 531-7959 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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 OF

USA Medicare Advisors LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/02/2017	and assigned
Florida document number L17000165423		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
USA Medicare Advisors Insurance Agency LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e 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)	The state of the s	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
		AS .
Name of New Registered Agent:		200
New Registered Office Address:		AS S
	Enter Florida street address	THE CONTRACTOR OF THE CONTRACT
	, Florida	77 2
New Registered Agent's Signature, if changing Registered Agent:	City .	REA MINIOR
I hereby accept the appointment as registered agent and agre	so to got in this agraging I fourth ou	agree to comply with the

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. Dated August 25th 2017 August 25th Signature of a publisher or authorized representative of a member	•							_
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	August 25th	2017						
Signature of a member or authorized representative of a member	Dated	—, // /		,				
Signature of a perhiter or authorized representative of a member		/ X /						
-8		1//						
	Signatur Jordan Vickers	e of a sember or a	authorized rep	resentative of a 1	nember			

Page 3 of 3

Filing Fee: \$25.00