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COVER LETTER

SUBJECT:	GIBRALTAR LIFE AND H	EALTH SEVICES LLC	
Sebate 1.	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	CARLOS CU	JKIER	
		Name of Person	
		Firm/Company	
	1740 HURO	N TRAIL	
		Address	
	MAITLAND), FL 32751	
	CARLOS.CUKIE	City/State and Zip Code ER@GMAIL.COM	
		to be used for future annual report noti	fication)
For further information	on concerning this matter, please ca	all:	
CARLOS C	UKIER	407 427-33	758
Nar	me of Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	-	□ \$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

TO:

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

GIBRALI AR LIFE AND HEALI			
(Name of the Limited Liability ((A Florida Li	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL17000254547		12/13/2007	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>'e</u> :	
GIBRALTAR LIFE AND HEALTH SERVI	CES LLC	ï	··•
The new name must be distinguishable and contain the words "Limited	I Liability Company," the des	signation "LLC" or the abb	vission L.C."
Enter new principal offices address, if applicable:		, , , , , , , , , , , , , , , , , , ,	Sa Ti
(Principal office address MUST BE A STREET ADDRES	<u> </u>	- Y	
Enter new mailing address, if applicable:		t FLORIO	AM 8: 43
(Mailing address MAY BE A POST OFFICE BOX)		————————————————————————————————————	
B. If amending the registered agent and/or registered agent and/or the new registered office addres		our records, enter th	ne name of the new
Name of New Registered Agent:		·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Floria	la street address	
		. Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>		

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
			□ Add
			□ Remove
			Add
			☐ Remove
			Change
			HE RESERVE FILE STATE OF THE ST
			ARY OF STATE ASSEE, FLORIDA
			ဋ္ဌက် သိ □ Remove
			□ Change

			
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		ARLOS CUKIER	FIL EB 22 RETARY HASSEI
			## FB T

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