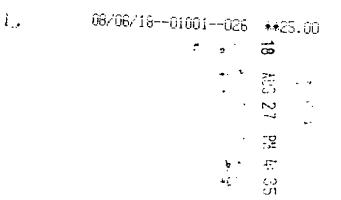
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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AUG 01 2018 S. PRATHER



August 11, 2018

FRANJO TALANGA HEALTH INSURANCE MAESTROS, LLC 7131 ORCHID LAKE RD NEW PORT RICHEY, FL 34653

SUBJECT: HEALTH INSURANCE MAESTROS, LLC

Ref. Number: L18000033749

We have received your document for HEALTH INSURANCE MAESTROS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 718A00016609

COVER LETTER

TO:

	Registration Se Division of Cor			
SUBJEC		NSURANCE MAESTROS. L	l.C	
SOBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		FRANJO TALANGA		
			Name of Person	
		HEALTH INSURANCE M	AAESTROS, LLC	
		Firm/Company		
			Address	· · · · · · · · · · · · · · · · · · ·
		NEW PORT RICHEY, FL	34653	
			City/State and Zip Code	
		FTALANGA@GMAIL.CO	M to be used for future annual report notif	restion)
For furth	er information co	oncerning this matter, please ca		K.A.K.III
FRANJO	O TALANGA		727 967-2463	
Name of Person		f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.0	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)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTH INSURANCE MAESTROS, LLC	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited)	(ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000033749</u>	were filed on 02/06/2018 and assigned assigned and assigned and assigned assi
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
TALANGA PROPERTIES, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	609 FATHOM CT
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	609 FATHOM CT TAMPA, FL 33602
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
-	Cite Zip Code

New Registered Agent's Signature, if changing 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 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 = Manager ... AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			🗀 Add
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<u>ote:</u> If	the date inserted in	i this block doe:	s not meet the a	applicable st	atutory filing	requirements	this date	will no	ot be liste
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Page 3 of 3

Filing Fee: \$25.00