

L180000122448

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STATE OF MARYLAND
DIVISION OF CORPORATIONS
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JUL 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUADAGNI HEALTH INSURANCE
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:

FRANK GUADAGNI
Name of Person

GUADAGNI Health Insurance
Firm/Company

8531 BOCA RTO DR
Address

BOCA RATON FL 33433
City/State and Zip Code

GUADAGNI HEALTH@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK GUADAGNI at (954) 482-3596
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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
OF**

GUADAGNI HEALTH INSURANCE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/16/2018 and assigned Florida document number L18000122448.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)

FILED
11 JUL 11 AM 9:17
CLERK OF CIRCUIT COURT
DIVISION OF CLERK

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>FRANK</u> <u>FRANK</u> <u>Guadagni</u>	<u>8531 Boca Rio Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton FL 33433</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Lauren Guadagni</u>	<u>8531 Boca Rio Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton FL 33433</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CORPORATION
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 26, 2018

Signature of a member or authorized representative

Frans Goudagari

Typed or printed name of signee