L18000147954

(Requestor's Name)
(Address)
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(Only) Olater Light Hotte #)
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COVER LETTER

TO:

Registration Section

Division of Corporations .				
SUBJECT:	YOU		DCATES INSURANCE	AGENCY LLC
		Name of Lin	men Diability Company	
The enclosed Arti	icles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all c	correspon	idence concerning this matter	to the following:	
		LYNNE (CLAUSEN	
			Name of Person	
		Your Health In	surance Advocates L	LC
			Firm/Company	
		46466 66711 66		
		16123 30TH CO	Address	
		PARRISH, FL 34		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noting	fication)
For further inform	nation co	ncerning this matter, please c	all:	
		<u>.</u>		
LYNNE CLAUSEN			at (_ 863 _) 588-1615	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a chec	ck for the	e following amount:		
X \$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		Street Address: Registration Sec Division of Cor	porations	
P.O. Bo Tallaha		1 L 32314	The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR MEDICARE ADVOCATES INSURANCE AGENCY LLC

(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 on6/15/2018 and assigned
Florida document numberL18000147954	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Your Health Insurance Advocates 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:	16123 30TH COURT EAST
(Principal office address MUST BE A STREET ADDRESS)	PARRISH, FL 34219
Enter new mailing address, if applicable:	PO BOX 180
(Mailing address MAY BE A POST OFFICE BOX)	PARRISH, FL 34219
(maining dataress may be a rost of rice box)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida
	City + 21/p Codes
New Registered Agent's Signature, if changing Registered Agent:	TAT TO
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha.	nging 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>	Address	Type of Action
MGR	LYNNE CLAUSEN	16123 30TH COURT EAST	X :Add
		PARRISH, FL 34219	□Remove
			□Change
AMBR	SUE SMIGELSKY	23 JUNIPER PLACE	X •Add
		HOWELL, NJ 07731	□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
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			Change
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			□Change
			🗆 Add
			□Remove
			□ Chanas

r amenum	g any other unormation, enter change(s)	here: (Attach additional sheets, if necessary.)
+		
	-	
		
		
fan effective <u>Note:</u> If the	date, if other than the date of filing: date is listed, the date must be specific and cannot be date inserted in this block does not meet the apeffective date on the Department of State's reco	prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 pplicable statutory filing requirements, this date will not be listed as ords.
record spec d is filed.	cifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 21 202	
_	Signature of a member of	authorized representative of a member

Filing Fee: \$25.00