## L19000059373

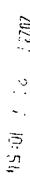
(Requestor's	Name)
(Address)	
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
	THE WATE
(Business En	tity Name)
(Document N	umber)
, ,	,
Continued Comings Com	iliantas of Status
Certified Copies Cer	incates of Status
Special Instructions to Filing Office	er:
<u> </u>	

Office Use Only



500411093935

06/26/23--01032--003 \*\*35.00



S. ROTTRES
AUG 2 4 2023

## **COVER LETTER**

1.

TO:

Registration Section

**Division of Corporations** 

Betterlife fi SUBJECT:	nsurance Group LLC					
SUBJECT:	Name of Lim	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:				
	Stalin D Jaquez					
		Name of Person				
	<del></del>	Firm/Company				
	286 Giovani Blvd					
	Clermont, FL 34715	Address				
	City/State and Zip Code					
	sdjaquez@gmail.com	to be used for future annual report not	itication)			
For further information c	concerning this matter, please c		medion,			
Stalin D Jaquez		352 693-8830 at ( )				
Name o	f Person		ne 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 Addres Registration	Section	Street Address: Registration Sc				
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Betterlife Insurance Group LLC

company has been notified in writing of this change.

(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  $\frac{03/01/2019}{1}$ and assigned Florida document number  $\underline{L1}9000059373$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Vertex Brokerage Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 2201 Lucien Way, Suite 400 (Principal office address MUST BE A STREET ADDRESS) Maitland FL 32751 PO BOX 560369 Enter new mailing address, if applicable: Montverde FL 34756 (Mailing address MAY BE A POST OFFICE BOX) 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 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

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>	Address	Type of Action
		<del></del>	□Add
		<del></del>	□Remove
			Change
			🗀 Add
			□Remove
		<del></del>	☐Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	<u> </u>			
		<del></del>		
				<del></del>
<del></del>				
			***	
				<del>- 11 - 11</del>
				<u>-</u>
·				
Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be k does not meet the a	pplicable statutory f	(option or more than 90 days after the filing requirements, this	iling.) Pursuant to 605,0207
e record specifies a delayed effective d rd is filed.	date, but not an effecti	ive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
	2023	·		
Dated	<del></del> ·	_		
Dated August 15			<del>-</del> -	
Dated	gnature of a member or	authorized epresenta	tive of a member	