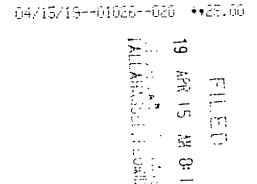
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### **COVER LETTER**

Florida Med SUBJECT:	dicare Center LLC		
30B3E01.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	John Ramsey		
		Name of Person	<del> </del>
		Firm/Company	
	824-A Lake Ave #353		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Lake Worth, FL 33460		
	jace@eao.foundation	City/State and Zip Code	<del> </del>
	E-mail address: (to	be used for future annual report notifica	ition)
For further information co	oncerning this matter, please cal	l:	
John Ramsey		954 2187412 at ( )	
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for th	e 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 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

Florida Medicare Center LLC

(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on 04/04/2019 and assigned
Florida document number L19000093649	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Eternal Insurance Agency LLC	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ess)
	33)
	W. W.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	S on
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, <u>enter the name of the ress here</u> :
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is 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
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
			Change
	<del></del>		Add
			Remove
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			Add
			Remove
			Change

	<del></del>
	·
E. Effe	ctive date, if other than the date of filing:(optional)
Not	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as iment's effective date on the Department of State's records.
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ne 90th day after the record is filed.
	. 04/12/2019
Date	*d
	CH TO THE REAL PROPERTY OF THE PARTY OF THE

Typed or printed name of signee