

8/20/2020

Division of Corporations

Resubmission, Please

keep file date of

08/20/2020

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOTAL INSURANCE BROKERS, LLC**

Certificate of Status	0
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Corporate Filing Menu

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AUG 27 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TotalInsuranceBrokers,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 on 7/31/2019 and assigned
Florida document number 119000185318.

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)

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

Florida

City

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>
MGR	GavinSouthwell	1211N.WestshoreBldg.,Ste.800	<input type="checkbox"/> Add
		Tampa,FL33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEM	HealthPlanIntermediaries	15438N.FloridaAve.,Ste 201	<input checked="" type="checkbox"/> Add
	Holdings, LLC	Tampa,FL33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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 August 21, 2020

End Helz
Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00