(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	

(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/24/20--01003--004 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Char	ige Principal Tile on F	FL LLC Filing		
SOBILA, I.	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Timothy J V	Viggins		
		Name of Person		
	DOXA Accide	ent & Health Insurance	, LLC	
		Firm/Company		
	1502 Magnavox	Way, Suite 250		
	· ·	Address		
	Fort Wayne, IN	46804		
		City/State and Zip Code		20
		oxainsurance.com		AF S
		to be used for future annual report noti	fication)	45
For further information	concerning this matter, please c	all:		7. 7.29 <u>.</u>
Timothy J W	iggins	260 433 - 5	921	20 AFR 21. AMII: 32
Name	of Person	Area Code Daytim	e Telephone Number	د <i>ب</i> ه
Enclosed is a check for	the following amount:			
S25.00 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 Sta Certified Copy (additional copy is er	itus &
Mailing Addr Registration		Street Address: Registration Se	ction	
	Corporations	Division of Co	rporations	
P.O. Box 63 Tallahassee.		The Centre of T 2415 N. Monro	tallahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 NFR 211 NA1

DOXA Accident & Health Insurance, 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 February 13, 2020 and assigned Florida document number 1,200,005,0907.
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 "LLC,"
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Add New <u>Title</u>	Lane Smith	7143 Beechmont Terrace	□ Add
		Bradenton, FL 34202	□Remove
		"Change title from MGR to President"	X Change
			□Add
			□Remove
		Change	
		□Add	
		□Remove	
		□Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□ Change

_	We simply want to change the individual title for
_	Lane Smith. Today he is listed as a "MGR" and we
_	would like it to state that he is "PRESIDENT" of
_	DOXA Accident & Health Insurance, LLC.
_	Thanks!
_	Tim Wiggins
	(260) 433 5921
_	
_	
_	
_	
_	
(If an effective Note: 1	the date, if other than the date of filing: Date of Filing is fine (optional) (optional) (itive 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 (3) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	April 15 2020
Dated _	<u> </u>
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00