## 120000083312

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(Address)
(Address)
(City/State/Zip/Phone #)
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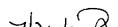




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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CUBIE	Coppola He	ralth LLC - Change of Name at	nd Address			
SUBJE	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Anthony Coppola				
			Name of Person	<del></del>		
			Firm/Company	<del></del>		
		4711 S Himes Ave Apt 210	03			
			Address			
		Tampa/FL 33611				
			City/State and Zip Code	<del></del>		
		anthony@axcinsurance.com				
		E-mail address; (	to be used for future annual report noti	fication)		
For furt	her information o	oncerning this matter, please c	all:			
Anthon	y Coppola		631 6244380 at ( )			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclose	ed is a check for t	he following amount:				
■ \$25	5.00 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		Street Address: Registration Sec			
	Division of C	Corporations	Division of Cor	porations		

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coppola Health LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 16 2020	and assigned
lorida document number L20000083312		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AxC Insurance LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	4711 S Himes Ave	
Principal office address MUST BE A STREET ADDRESS)	Apt 2103	
<del></del>	Tampa, FL 33611	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	
Name of New Registered Agent:		7021 (5.71
New Registered Office Address:		-2
	Enter Florida street address , Florida	R 32 つ
<del></del>	City	Zip, CodeS
		. 1

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.

WChanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	Anthony Coppola	4711 S Himes Ave	
		Apt 2103	□Remove
		Tampa, FL 33611	
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			∏ Change

## Page 2 of 3

Authorized person change is jus	t to update the address.		
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adian dada if adhamahan dha da	sts of Clima		_ (optional)
ctive date, if other than the da effective date is listed, the date must b	e specific and cannot be prior to c		lays after filing.) Pursuant to 605.0
e: If the date inserted in this block iment's effective date on the Department		e statutory filing requireme	ents, this date will not be listed
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ecord specifies a delayed ε	effective date, but not a	n effective time, at 1	2:01 a.m. on the earlier
ne 90th day after the recor			
June 28th	2021		
(/ ] //		2001	
Mulia	M OF	you a	
Sj	mature of a member or authorize	prrepresentative of a member	i"