LZ0000097512

(Requestor's Name)
(Address)
,
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	FCT∙	Konnect	tln Insurance LLC	
0000		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Jose Calvo	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	····
			KonnectIn Insurance LLC	
			Firm/Company	·····
			1965 Estancia Circle	
			Address	
			Kissimmee, FL 34741	
			City/State and Zip Code	
			jcalvo@konnect-b2b.com	
			to be used for future annual report no	tification)
For fu	ther information c	oncerning this matter, please c	all:	
	Jose (Calvo	407 922-8380 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for tl	ne following amount:		
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

	Konnect In Health Insurance LLC	7./18% 17 / /	1 7. 1 1
(Name of the Limi	Konnect In Health Insurance LLC red Liability Company as it now app (A Florida Limited Liability Compan)	cars on our records.) y)	- 7 · · · · · ·
ne Articles of Organization for this Limited L	iability Company were filed on		
orida document number L20000097512	·		
is amendment is submitted to amend the foll	owing:		
If amending name, enter the new name of	f the limited liability company	here:	
	Konnectin Insurance LLC		
he new name must be distinguishable and contain the v	vords "Limited Liability Company," th	ne designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
inter new mailing address, if applicable:			
<u> Aailing address MAY BE A POST OFFICE</u>	BOX)		
3. If amending the registered agent and/or seems and/or the new registered office addre		r records, enter the na	ame of the new regis
Name of New Registered Agent:		Jose Calvo	
New Registered Office Address:	19	965 Estancia Circle	
-	Enter .	Florida street address	
	Kissimmee	, Florida	34741
	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

Title	Name	Address	Type of Action
MGR	Christian Calvo	######################################	□ Add
		Kissimmee, FL 34741	≣Remove
			□Change
MGR	Jose Calvo	1965 Estancia Circle	= Add
		Kissimmee, FL 34741	□Remove
			□Change
			□Add
			□Remove
			□ Change
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		<u> </u>	🗆 Add
			□Remove
			Changa

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and c te: If the date inserted in this block does not me rument's effective date on the Department of Sta	August 31, 2020 (optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 bet the applicable statutory filing requirements, this date will not be listed ite's records.
ecord specifies a delayed effective date, but not a s filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 4	2020
	,
	I file
Signature of a mi	ember or authorized representative of a member