## 120000165848

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Linky Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300384499783

RECENTO NAR 28 102

03/29/22--01997--002 \*\*59.00

22 MAR 28 AM 8: 24

T. MATTHEWS APR 12 2022

## **COVER LETTER**

**Division of Corporations** Nationcare Insurance Services LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kelly Tobias Name of Person Nationcare Insurance Services LLC Firm/Company PO Box 2647 Address Wylic/ΓX 75098 City/State and Zip Code kelly@nationcareservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelly Tobias 814 0289 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

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 FILED FILED ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 HAR 28 AM 8: 24

Nationcare Insurance Services 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  $\frac{6/10/2020}{1}$ and assigned Florida document number L200000165848 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) PO Box 2647 Enter new mailing address, if applicable: Wylie TX 75098 (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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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
AMBR	Brian Tobias	PO Box 2647 Wylie TX 75098	□Add
			\ \exists Remove
			□ Change
AMBR	Kelly Tobias	PO Box 2647 Wylie TX 75098	≣Add
			□ Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
		<del></del>	Change
			□Add
			□Remove

·					<del></del>
					<del>-</del>
· · · · · · · · · · · · · · · · · · ·				_	
					<del></del>
				-	
				<del></del>	
					<del> </del>
					<del></del>
<del> </del>		<u>.</u>			
	•				<del></del>
			<del></del>		·
				_	
			,		
		1/1/2022			
Effective date, if other than if an effective date is listed, the date	the date of filing:	:	e of filing or more tha	optiona (optiona n 90 days after filir	l) g ) Pursuant to 605 0207
Note: If the date inserted in thi	s block does not me	eet the applicable			
document's effective date on th	e Department of St	ate's records.			
	ctive date, but not a	an effective time, a	t 12:01 a.m. on the	earlier of: (b)	The 90th day after the
e record specifies a delayed efferd is filed.  March 18		2022			
rd is filed.		2022			
rd is filed.  March 18	<u> </u>	2022			
rd is filed.  March 18	Signature of a m	TH	representative of a m	ember	