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A. BUTLER FEB 17 2022

COVER LETTER

| TO: Registration So Division of Con | | | |
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| Michael Ty SUBJECT: | der Insurance LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Michael Wasserman | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1079 N. Tamiami Trail #3 | 31 | |
| | | Address | |
| | Nokomis, Fl. 34275 | | |
| | - | City/State and Zip Code | |
| | michaelwasserman.life@gr | | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report no all: | tification) |
| Michael Wasserman | | 941 870-2736 at() | |
| Name o | t Person | Area Code Daytii | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration S | | <u>Street Address:</u> Registration So | action |
| Division of C | | Division of Co | |
| P.O. Box 632 | .7 | The Centre of | Tallahassee |
| Tallahassee, 1 | FL 32314 | 2415 N. Monro | be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Michael Tyler Insurance LLC

2022 FEB -3 PM 2: 28

(Name of the Limited Liability Company as it now appears on our reducate TARY OF STATE
(A Florida Limited Liability Company)
TALLAHASSE, FL The Articles of Organization for this Limited Liability Company were filed on July 21, 2020 and assigned Florida document number $\frac{1.20000213526}{1.20000213526}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Michael Tyler Financial LLC 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 City

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> | Address | Type of Action |
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| Tective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department. | oes not meet th | e applicable s | of filing or mor tatutory filing | (op e than 90 days af requirements, t | ctional) fer filing.) Pursua his date will no | int to 605.0207 of be listed as |
| e record specifies a delayed effo The 90th day after the record i | ective date, l s filed. | but not an | effective tir | ne, at 12:01 | a.m. on th | e earlier ol |
| January 31 | 202. | 2 | | | | |
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| Nion: | ture of a member | - r or authorized | representative o | La member | | <u></u> |
| Michael Wasserman | | | god in deressed the Co | | | |

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