

L20000281243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

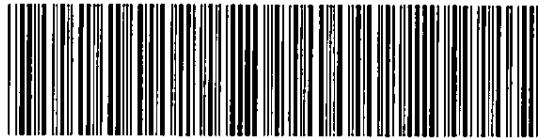
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/05/2024

Acc#120160000072

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Name:	ONE TOUCH DIRECT INSURANCE, LLC
Document #:	
Order #:	15356539 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
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Amount: \$ **55.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: One Touch Direct Insurance, LLC

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:

Lisa R. Samblanet - Paralegal

Name of Person

Ice Miller LLP

Firm/Company

250 West Street - Suite 700

Address

Columbus, OH 43215

City/State and Zip Code

dan.durocher@icemiller.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R. Samblanet - Ice Miller LLP

614 462-1045
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

Mailing Address:

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**

FILED

2024 FEB -5 AM 11:29

One Touch Direct Insurance, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/09/2020 and assigned Florida document number L20000281243.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Care Connect Advisors LLC

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)

10541 Baracoa Court

Trinity, FL 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10541 Baracoa Court

Trinity, FL 34655

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

, Florida 33324

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.

C T Corporation System, By: Laura R. Broderick, Assistant Secretary

Laura R Broderick

If Changing Registered Agent, Signature of New Registered Agent

When 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Neil Reich	10541 Baracou Court	<input checked="" type="checkbox"/> Add
		Trinity, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rob Graham Enterprises, LLC	111 2nd Avenue NE	<input type="checkbox"/> Add
		St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

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CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 5, 2024

- DocuSigned by:

Neil Reich

- 9FB2F9149B1F4DC

Signature of a member or authorized representative of a member

Neil Reich - Member

Typed or printed name of signee

Filing Fee: \$25.00