L21000040114

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phone	<u> </u>
(Cil	tyrotaterzipi: nom	~ <i>**</i>)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(-11-11-11-11-11-11-11-11-11-11-11-11-11		- 1
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600380681896

02/14/22--01001--007 **25.00

ALLAHASSEE, FLOR

RECEIVED

PILED 1027 FEB 11 PM 12:

FEB 14 MM.
I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

65 PLUS HEALTH	LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Air. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Cianatura		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: BA	00/11/00	UCC 1 or 3 File
	$\frac{02/11/22}{5}$	UCC Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

	Registration S Division of Co					
		HEA	LTH LLC			
SUBJEC	TI:		Name of Limi	ted Liability Company		_
The enclo	osed Articles	of Am	endment and fee(s) are sub	mitted for filing.		
Please re	turn all corres	ponde	ence concerning this matter	to the following:		
			ALLEN YANCEY			_ _
				Name of Person		
			65 PLUS HEALTH LLC			
				Firm/Company		
			14000 SW 24TH STREET			
				Address		
			DAVIE FL.33325			<u></u>
				City/State and Zip Code		
			YANPOWER@AOL.COM			<u></u>
				to be used for future annual repo	or nonneation)	
			cerning this matter, please of		786	346 2959
ALLEN	N YANCEY	σι	Blu Judd	305 546-86 at ()	5 44 	
	Nan	ne of F	erson	Area Code	Daytime Telephone Nu	ember
Enclose	ed is a check fo	or the	following amount:			
□ \$ 25	5.00 Filing Fee	е	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Cer cd) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	P.O. Box	on Se of Co 6327	ection rporations	Division of The Centre	on Section of Corporations re of Tallahassee	.ia_ 910
	Tallahass	ee, F	L 32314	2415 N. N	Monroe Street, Su	IIIC OIV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

65 PLUS HEALTH LLC		-
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	3
The Articles of Organization for this Limited Liability Company Florida document number L21000040114	were filed on 1/19/2021 and assigned.	,
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liabi	ility company here:	
BACE INSURANCE AGENCY LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5430 NW 33RD AVE #102	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL. 33309	-
		-
Enter new mailing address, if applicable:	14000 SW 24TH STREET	_
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33325	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe	<u>:red</u>
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	-
	City , Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	TAMMY FOX	14000 SW 24TH STREET DAVIE FL 33325	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Change

Page 2 of 3

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note:	(optional) ctive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	× 210-22
	X Signature of a member or authorized representative of a member
	/

Page 3 of 3

Filing Fee: \$25.00