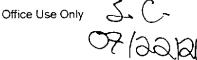
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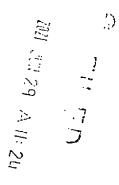
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

		stration Sec sion of Corp			
cun m		Medicare M	arketing Group, LLC		
SUBJEC	_1; _0		Name of Lim	_	
The encl	osed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			Kyle Perrin		
				Name of Person	
			Medicare Marketing Group	o, LLC	
				Firm/Company	
	10210 Fresh Meadow Lane				
			<u> </u>	Address	_
			Boca Raton FL, 33498		
			-	City/State and Zip Code	_
			kfp325@gmail.com		
For furth	er in	formation co	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:	
Kyle Per	rrin			978 319-3958 at ()	
		Name of	Person	Area Code Daytime Telephone Nur	nber
Enclosed	i is a	check for the	e following amount:		7.79
■ \$25.	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy ional copy (Senclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medicare Marketing Group, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n 02/15/2021 and assigned
his amendment is submitted to amend the following:	
Florida document number L21000077960 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	17)
Mailing address MAY BE A POST OFFICE BOX)	102
. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new regis
gent and/or the new registered office address here:	> ``;
	= -
Name of New Registered Agent:	24
New Registered Office Address:	
Enter	r Florida street address
	, Florida
City	Zin 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 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
CEO	Kyle Perrin	10210 Fresh Meadow Ln, Boca Raton FL, 33498	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□ Add □ Remove
			☐Change
 -			☐ Change ☐ Add ☐ Remove
		77	DRemove
			□Change
<u>_</u>			□Add
			□Remove
			□Change

	U =	•		
	Sygnature of a member or author	ized representative of a member	-	
ted	, 2021	_•		
ecord specifies a delayed e is filed.	fective date, but not an effective tir	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th	o day after th
cument's effective date on	the Department of State's records.	, , , , , , , , , , , , , , , , , , , ,	,	
n effective date is listed, the di te: If the date inserted in	ite must be specific and cannot be prior this block does not meet the applications.	to date of filing or more than 90 da	avs after filing.) Purs	uant to 605.02 not be listed
ective date, if other the	n the date of filing:		\sum_{\square} (optional)	
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