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O SIMMON MAR 1 9 2071 CORPORATION SERVICE COMPANY 1201 Hays Street

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 716788 AUTHORIZATION COST LIMIT ORDER DATE: March 17, 2021 ORDER TIME : 11:11 AM ORDER NO. : 716788-005 CUSTOMER NO: 4728469 DOMESTIC AMENDMENT FILING NAME: MULLEN & NEFF MEDICARE ADVISERS, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

COVER LETTER

SUBJECT:	MULLEN & NEFF !	MEDICARE ADVISE	RS, LLC			
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Scott Hafetz					
		Name of Person				
	Hafetz & Associates					
	Firm/Company					
	111 2nd Avenue NE, Suite	914				
		Address				
	St. Petersburg, Florida 337	701				
		City/State and Zip Co	de			
	srhafetz@srhafetz.com					
		to be used for future ann	ual réport notifica	ation)		
For further information co	oncerning this matter, please c	all:				
John Vanarthos		908 at ()	722-0700			
Name of	f Person	Area Code	Daytime T	elephone Number		
Enclosed is a check for th	e following amount:					
¥ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fo Certified Copy (additional copy is		S60.00 Filin Certificate Certified Co (additional co	of Status &	
Mailing Address	<u>s:</u>	<u>Street</u>	Address:			

Registration Section

Registration Section

Division of Corporations

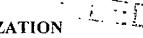
TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

2021 MAR 18 AM 10: 11

ny as it now appears on our records.) Liability Company)				
were filed on February 17, 2021 and assigned				
ility company here:				
ity Company," the designation "LLC" or the abbreviation "L.L.C."				
111 2nd Avenue NE, Suite 914				
St. Petersburg, Florida 33701				
111 2nd Avenue NE, Suite 914				
St. Petersburg, Florida 33701				
ddress on our records, enter the name of the new registered				

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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

2021 MAR 18 AM 10: 11

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00