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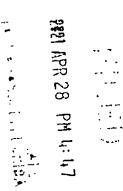
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COVER LETTER

Division of Corpor		
SUBJECT:	HR whole Interance Group 220 Name of Limited Liability Company	
	Name of Entired Entoting Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Unila & haell	
	Name of Person	
	Firm Company	
	1777 DE 62 nd/ST DON'T Record Beach	
	DORTH Michie Beach FL 33762	
-	City/State and Zip Code Watie Total O Selsanda in Surance - COM E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
Haria &	Rosell at (305) 318 5605 Area Code Daytime Telephone Number	
Name of Pe	erson Area Code Dayanne Telephone Sumoet	
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

HR whole Inson	rance 6000 LC
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L21</u> 00158159	npany were filed on 04/06/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	55)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- 550
B. If amending the registered agent and/or registered of	ffice 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:	100 48
	Enter Florida street address
	Florida
	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.

lf Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	į t	3531 Des 14614 ST Legeni Gordens F2 33056	BRemove
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Effective date, if other than the date of fif an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department.	not meet the applicable stat	filling or more than 90 days after tutory filling requirements, this	onal) filing.) Pursua date will no	unt to 605.02 я be listed
accomism o cricente une on the izepatallent		2:01 a.m. on the earlier of: (b)	The 90th	day after th
e record specifies a delayed effective date, but d is filed.	t not an effective time, at 1			
record specifies a delayed effective date, but	t not an effective time, at 1	vQQ >		
e record specifies a delayed effective date, but it is filed. Dated Augost 2nd	t not an effective time, at 1	presentative of a member		 -

Filing Fee: \$25.00