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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SLOW TARY OF STATE AND STORE OF CORPORATIONS

T. MATTHEWS JUN 2 1 2022

### **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
SUBJECT: ELIT	E. LIFE AMD +	LEARTH INSURANCE	: ACENCY, LLC
	Name of Lim	ited Liability Company	\-\\-\\-\\-\\-\\-\\-\\-\\\-\\\-\\\\-\\\\
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	WILLIAM	ROLLINSON Name of Person	
	TAMPA FL 33CO W  E-mail address: to be used for future annual report notification)  Tolking this matter. please call:  OLUNSON  Area Code  Street Address:  Registration Section  Provations  Free Company  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street. Suite 810		
	301 W. f	PLATT ST. #AU	,37
	TAMPA, FR	33606 City/State and Zip Code	<del></del>
	Will w E / E-mail address: (	JELH. COM to be used for future annual report not	ification)
For further information cos			
WILLIAM R	OLLINSON	at (813) 857-	4560
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Se Division of Co	ection	Registration Se	
P.O. Box 6327 Tallahassee, Fl		The Centre of T	fallahassee e Street, Suite 810

#### ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION: OF

22 APR 29 PM 1: 18

ELITE LIFE AM MEAUTH  (Name of the Limited Liability Compan (A Florida Limited Li	INSURANCE ACENCY LUC ox as it now appears on our records.)
(A Florida Limited Li	rability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000 479 066</u>	were filed on $11/05/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	301 W. PLATT ST.
(Principal office address MUST BE A STREET ADDRESS)	# AU37
	TAMPA, FZ 33606
Enter new mailing address, if applicable:	301 W. PLATT ST. #A637
(Mailing address MAY BE A POST OFFICE BOX)	#A637
	TAMPA, FC 33606

agent and/or the new registered office address here:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

Name of New Registered Agent:

New Registered Office Address:

301 W. PLAT ST. #A637

Emer Florida street address

TAMPA

Chy Street address

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>	Name	Address	Type of Action
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			□Remove
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an effective <u>ote:</u> If the	date is listed, the date inserted	than the date ne date must be s in this block of on the Depart	pecific and ca loes not me	annot be paor o et the applica	o date or siling ble statutory	g or more that filing requ	(opting 90 days after frements, this	tiling.) Pursuan	t to 605,0207 ( be listed as t
record spec is filed.	rifies a delaye	ed effective dat	e, but not a	n effective tin	ie, at 12:01	a.m. on the	earlier of: (ł	) The 90th d	ay after the
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