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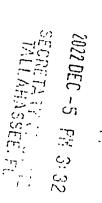
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations					
	JRANCE ADVISORS LLC	•	•			
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ANTHONY KOGAN					
		Name of Person		_		
	ACTONY INC.					
	_	Firm/Company		_		
2424 N FEDERAL HWY STE 411				2022 DEC		
	<del></del> -	Address				
	BOCA RATON, FL 3343	l		55		
	INFO@ASGTAX.COM	City/State and Zip Code		- 124 - 124 - 124 - 124		
	E-mail address: (	to be used for future annual report n	otification)			
For further information c	oncerning this matter, please c	all:				
ANTHONY KOGAN		561 843-0219 at ()	_			
Name o	f Person	Area Code Dayt	ime Telephone Numbe	er		
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	ate of Status &		
Mailing Addres		Street Address:	Saution			
Registration S  Division of C		Registration Section Division of Corporations				
P.O. Box 632	-	The Centre of Tallahassee				
Tallahassee, l	FL 32314	2415 N. Mon	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### MED ASSURANCE ADVISORS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/12/2021}{1}$ and assigned Florida document number  $\frac{L21000487730}{L21000487730}$ 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) در ري دع B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent:

### 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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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