L13000133183

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

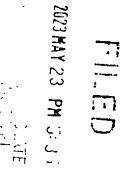




000409221710

05/25/28--01027--001 ***0.30

25/191/15 UUV



COVER LETTER

TO:

TO: Registration Se Division of Cor			
AMERICA SUBJECT:	ADVANTAGE PLANS, LLC		
SUBJEC.1;	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:	
	ANNA SCIOTTI		
		Name of Person	
	AMERICA ADVANTAG	E PLANS INSURANCE, LLC	
		Firm/Company	
	296 SW 12TH AVE		
		Address	
	DEERFIELD BEACH, FL	. 33442	
		City/State and Zip Code	
	ANNASCIOTTI@OUTLO		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ANNA SCIOTTI		954 678-6868	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	LL D4J 14	Z4TO IN. MONTO	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AMERICA ADVANTAGE PLANS, 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 Co Florida document number <u>L23000123783</u>	ompany were filed on 3/9/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	PESS)	A
		23
		- R
Enter new mailing address, if applicable:	•	
•	·	<u>۔۔۔</u> دے
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered	i Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered agoning filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and I am fa- gent as provided for in Chapter 605, F.S. Or, i	miliar with and f this document is
	If Changing Registered Agent, Signature of New Regi	Stered Agent

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>	<u>Address</u>	Type of Action
MGR	BRANDON SCIOTTI	3445 SW 3RD ST	□Add
		DEERFIELD BEACH, FL 33442	7 0
			□Change
		-	🗀 Add
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change

-	
-	-
-	
•	
-	
-	
_	
-	
-	
-	
_	
-	
-	-
an el vote:	ive date, if other than the date of filing:
recor d is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	Mn night
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00