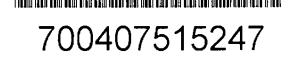
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| Special Instructions to f | Filing Officer: | |
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Office Use Only



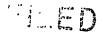
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COVER LETTER

| Division of Corp | | ÷ . | .* ** | | |
|----------------------------|---|--|--|--|--|
| Family Tree SUBJECT: | e Insurance LLC | | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | Spencer Smith | | | | |
| | Name of Person | | | | |
| | Family Tree Insurance LL | С | | | |
| Firm/Company | | | | | |
| | 3200 N University Dr, Ste 207 | | | | |
| | | Address | | | |
| | Coral Springs, FL 33065 | | | | |
| | | City/State and Zip Code | | | |
| | spencer@smithandllanes.co | | | | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report not all: | inication) | | |
| Spencer Smith | | 802 922-1511 | | | |
| | of Person | at () | ne Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addre | | Street Address: Registration S | ection | | |
| Registration Division of C | | Division of Co | orporations | | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee oe Street, Suite 810 | | |
| Tallahassee, | FL 32314 | 2413 N. MOH | oc succe, suite 610 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 . 4-8 PM 12: 20 Family Tree Insurance 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 $\frac{03/24/2023}{1}$ and assigned Florida document number _____1.23000150665 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." 3200 N University Dr. Ste 207 Enter new principal offices address, if applicable: Coral Springs, FL 33065 (Principal office address MUST BE A STREET ADDRESS) 3200 N University Dr, Ste 207 Enter new mailing address, if applicable: Coral Springs, FL 33065 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: Enter Florida street address , Florida City

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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-------------------------------|----------------|
| AMBR | Renata Llanes | 3200 N University Dr. Ste 207 | _ A dd |
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| Can officies date is listed, the date m | ne date of filing: Bust be specific and cannot be prior to da block does not meet the applicable Department of State's records. | ie of Hung of more man yo days a | anet himg.) Puisuani to 605.0207 (5 |
| | ing data but not an affective time | at 12:01 a.m. on the earlier of | f: (b) The 90th day after the |
| record specifies a delayed effected is filed. | tive date, but not an effective time, | | · |
| d is filed. | | | |
| d is filed. | | | |
| d is filed. | 2023 Signature of a member or authorized | d representative of a member | |