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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	nsurance Plans, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Lonzie Burgess		
		Name of Person	<u> </u>
	America's Insurance Plans	, LLC	
		Firm/Company	2023 SEC
	2925 SW 133rd Avenue		
		Address	3.00
	Miramar, FL 33027		7
		City/State and Zip Code	
	lonzie.burgess@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
	oncerning this matter, process v		
Lonzie Burgess		786 443-8200 at ()	
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 Address		Street Address:	ection
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anne comis	nSurance Plan	15	
(Name of the Limited Liability (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C. Florida document number 12200 1627	Company were filed on $\frac{OS}{S}$	7-31-2073 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)	:0	
		<u> </u>	
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			7
			-
			- ., ,
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet 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.

If Changing Registered Agent, Signature of New Registered 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	Article V Lonzie Burgess	2925 SW 133rd Avenue, Miramar, FL 33027	\(\exists \) Add
			Remove
			□Change
MGR	Article VI Lonzie Burgess	PO Box 278465, Miramar, FL 33027	①Add
			□Remove
			☐ Change
			202 Add
			Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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			□Change
			🗀 Add
			□Remove

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after distilled.	ective date, if other than the date of filing:	•		
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Lange Burgers	Honge Burgers Signature of a member or authorized representative of a member	ated June 8 2023		
Harris Wallet	Signature of a member or authorized representative of a member	,		
Signature of a member or authorized representative of a member	/ Signature of a member of authorized representative of a member			

Filing Fee: \$25.00