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(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:	
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COVER LETTER

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ar	EBENEZE	R REALTY & INSURANCE L	LC								
SUBJECT:											
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.								
Please 1	return all correspo	ndence concerning this matter	to the following:								
		WANDA J ATILES CRUZ									
			Name of Person								
			Firm/Company								
		250 ASHLEY RD									
			Address								
		MASCOTTE, FL 34753									
		jeselys24@gmail.com	City/State and Zip Code	-							
For furt	ther information c	E-mail address: (oncerning this matter, please ca	to be used for future annual repartll:	ort notification)							
Wanda	J Atiles Cruz		787 566-4								
	Name o	f Person	Area Code	Daytime Telephone Number							
Enclose	ed is a check for th	ne following amount:									
≡ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)							
	Mailing Address Registration S Division of C	Section	Division of	ress: on Section of Corporations							

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.)	<u></u>
The Articles of Organization for this Limited Liability Cor	mpany were filed on 4/18/2023	and assigned
Florida document number L23000192353	÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
EBENEZER HEALTH INSURANCE LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		
Enter new mailing address, if applicable:		
,,		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered	office address on our records, enter th	e name of the new regist
agent and/or the new registered office address here:		
		_
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Flori	ida Ziv 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>	Address	Type of Action
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			Change
			□ Add
			□Remove
			Change
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Filing Fee: \$25.00