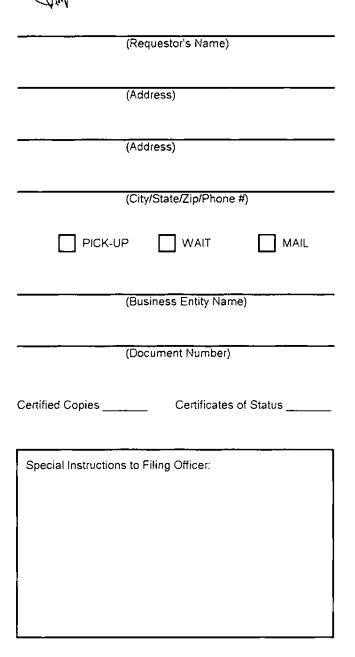
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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se vision of Co			
SUBJECT:		HAM HEALTH SOLUTIONS	S LLC	
SUBJECT.		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Christopher Harvey		
			Name of Person	
		BUCKINGHAM HEALT	H SOLUTIONS LLC	
		1730 S Federal Highway,	Ste 328	
			Address	
		Delray Beach, FL 33483		
		 .	City/State and Zip Code	
		chrisharveyinsurance@gma		
		E-mail address: (to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please c	all:	
Christopher	Harvey		561 215-9433	
	Name o	f Person	at () Area Code Daytin	nc Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	S30.00 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)
	iling Addres		Street Address:	
	gistration S	Section orporations	Registration Se Division of Co	
	D. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUCKINGHAM HEALTH SOLUTIONS LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 09/01/2023	and assigned
Florida document number L23000410706		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BUCKINGHAM HEALTH INSURANCE SOLUTIONS LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024 SSP
Principal office address MUST BE A STREET ADDRESS)		
		29
		SS 9
Inter new mailing address, if applicable:	1730 S Federal Hwy Ste 328	ညက် စေ
Mailing address MAY BE A POST OFFICE BOX)	DELRAY BEACH, FL 33483	- P
. If amending the registered agent and/or registered office a		
gent and/or the new registered office address here:	idaress on our records, <u>enter tr</u>	ie name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AR	MICHAEL, STEVE	1876 DR. ANDRES WAY, STE 88	□Add
		DELRAY BEACH, FL 33445	■Remove
			□Change
AR	HARVEY, CHRISTOPHER	<u>.</u>	□Add
		DELRAY BEACH, FL 33445	□Remove
			Change
			□Add
			□Remove
			□Change
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fective date. in effective date	, if other than : is listed, the date	the date of f must be specifi	iling: c and cannot b	e prior to date o	filing or more th	(option	1al) ling.) Pursuant to 60	05.020
ote: If the da	te inserted in thi	is block does 1	not meet the a	applicable stat	utory filing req	irements, this	date will not be lis	sted a
cument's effe	ective date on th	e Department	of State's re	cords.				
ecord specific is filed.	es a delayed effe	etive date, but	t not an effec	tive time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day aft	er the
ited	RY 19		2024	1.1				
			_;	<i>-</i> //				
				-1/	7			

Typed or printed name of signee