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2024-09-21 09:40:52 UTC+14

18506176383

From ZenBusiness User

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future ≈annual report mailings. Enter only one email address please.

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From: ZenBusiness User 1124000321412 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Health Insurance LLC	San		
	any as it now appears on our records.) Liability Company)		
(A Legist Difficu	Marini, Company)		
The Articles of Organization for this Limited Liability Company	y were filed on and assigned and assigned		
Florida document number 1.23000419601			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:		
The new name must be distinguishable and contain the words "Lamited Leab	thty Company," the designation "LLC" or the abbreviation "LLC,"		
Enter new principal offices address, if applicable:	23197 Whitman Rd Brooksville, FL 34601-4181		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	23197 Whitman Rd Brooksville, FL 34601-4181		
(Mailing address MAY BE A POST OFFICE BOX)			
	2024		
	S		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her			
A PROPERTY AND THE STATE OF THE			
Name of New Registered Agent:	PH 5		
New Registered Office Address:	' .' .: ' <u>2'</u>		
1242 Le Risteri (A 17 mol 1256	Enter Floridastreetaildress 173		
	. Florida		

New Registered Agent's Signature, it 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 refiect 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

ZipCode

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

Page: 3 of 4

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ashley Ratliff		
			□ Remove
		23197 Whitman Rd Brooksville, FL 34601-4181	☐ Change
***************************************			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			Clunge
			☐ Remove
			_ □ Change
			Add
			☐ Remove
			☐ Change

	Page: 4 of 4	2024-09-21 09:40:52 UTC+14	18506176383	From: Zer
D. I	f amending any other inform	nation, enter change(s) here: [Attach ad	ditional sheets, if necessary.)	
	.		.	
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	***			**************************************
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		Fall wedgen is to make a company of the state of the stat	4	
				
				<u> </u>
	A			

(1	f an effective date is listed, the date m	ne date of filing: ust be specific and cannot be prior to date of filing to block does not meet the applicable statutory. Department of State's records.	и more than 90 days after filing.) Pu	
If th (b)	ne record specifies a delay The 90th day after the re	ed effective date, but not an effection ecord is filed.	ve time, at 12:01 a.m. on	the earlier of:
ľ	Dated September 19	2024		
	's/ Ashley Ratliff'			
		Signature of a member or authorized represent	alive of a member	<u> </u>
	Ashley Ratliff			
		Typed or printed name of sign	<u> </u>	

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