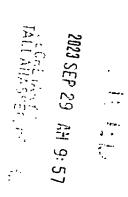


| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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09/29/23--01097--002 **55.00





COVER LETTER

TO:

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|-----------------|--------------|------------------------------|---|---|-----------------|----------------|
| SHRJE | ~ը. 1 | Preferred hea | lth Insurance Consulting LLC | C | | |
| SOIRIE | ~ . . | | Name of Lim | ited Liability Company | | |
| The encl | osed z | Articles of Ar | mendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn a | ll correspond | lence concerning this matter | to the following: | | |
| | | | Alexander D Siegel | | | - |
| | | | | Name of Person | | |
| | | | Preferred Health Insurance | consulting LLC | | |
| | | | | Firm/Company | | - |
| | | | 2200 N federal Hwy Ste 20 | | - | - |
| | | | | Address | | |
| | | | Boca Raton FL 33431 | | | - |
| | | | | City/State and Zip Code | | |
| | | | registration@preferredhealt | to be used for future annual report notifi | cation) | |
| For furth | ner inf | ormation con | cerning this matter, please ca | all: | | |
| Ann My | ers | | | at (754) 8013-851 | | <u> </u> |
| | | Name of P | erson | Area Code Daytime | Telephone Numbe | • |
| Enclosed | i is a c | heck for the | following amount: | | | |
| □ \$2 5. | .00 Fil | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| | | ng Address: | ction | Street Address: Registration Sec | tion | |
| | | stration Se sion of Cor | | Division of Corp | | |
| | P.O. | Box 6327 | | The Centre of Ta | allahassee | .10 |
| | Talla | ihassee, FL | . 32314 | 2415 N. Monroe | Street, Suite 8 | 10 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| any as it now appears on our records.) Liability Company) | | | |
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| were filed on 09/21/2023 | ar | nd assig | ned |
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| ility Company," the designation "LLC" or the | he abbreviati | on "L.L. | C." |
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| address on our records, enter the i | name of th | e-flew i | registe |
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| Enter Florida street address | | | |
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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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| Signature of a member or authorized representative of a member | 1 9/26/2003 | | | | |
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