## L23000493443

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PRIME HEALTH COVERAGE A		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.)  Liability Company)	<del></del> -
<b>,</b>	,	
The Articles of Organization for this Limited Liability Compan	y were filed on 10/30/2023	and assigned
Florida document number L23000493443		
This amendment is submitted to amend the following:		رد -
This aliendment is submitted to differid the following.		,
A. If amending name, enter the new name of the limited lia	bility company here:	
		<u>`</u>
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		•
	<del></del>	<u>ئ</u>
(Principal office address MUST BE A STREET ADDRESS)		ر <sub>اب</sub>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Nov. Bouletonal Office Address.		
New Registered Office Address:	Enter Florida street address	
	F91 - 1.1	
<del></del>	, Florida , Florida	A Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	•
their statement of the city of the control of the control of the control of the city of th	<b>11</b>	

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
MGR	KELLY FIGUEROA	3051 N 74TH AVE HOLLYWOOD FL 33024	XAdd
			□Remove
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amending any other information, enter change(s) here: (At	, , , , , , , , , , , , , , , , , , ,
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	تَ تَ
Tective date, if other than the date of filing: 11/03/2023 an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
NOVEMBER 2, 2023	
Signature of a member or authorized r	epresentative of a member
MOHMMED U IDI	REFS
	e of signec

Filing Fee: \$25.00