## 14000094615

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## COVER LETTER,

Division of Corp	ocrations		
GVT INSUR SUBJECT:	RANCE LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of A	unendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	NICHOLAS BADAL		
		Name of Person	
	GVT INSURANCE LLC		
		Firm/Company	
	3129 MILLWOOD TERR	ACEM234	
		Address	
	BOCA RATON, FL 3343	1	
	nickbhealth@gmail.com	City/State and Zip Code	
	E-mail address; (	to be used for future annual report notif	fication)
For further information cor	ncerning this matter, please c	all:	
nickbhealth@gmail.com		561 352 - 7319	
Name of I	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nickbhealth@gmail.com		
( <u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our record ida Limited Liability Company)	(15.)
The Articles of Organization for this Limited Liability	Company were filed on 02/23/2024	and assigned
florida document number 1.24000094615	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	7024 I
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	
Inter new principal offices address, if applicable:		, 5
<u> Principal office address MUST BE A STREET ADI</u>	DRESS)	
		ස
		<u>ပ</u> (၁
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	<del></del>
<ol> <li>If amending the registered agent and/or register</li> </ol>	red office address on our records, <u>enter</u>	the name of the new registe
gent and/or the new registered office address here	;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	13
	. FI	orida
	City	Zip 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
MGR	SHANNON MARAJ	6351 SW 3rd Street Margate FL 33068	<b>=</b> Add
			ElRemove
			□Change
			□Add
			ElRemove
		<del></del>	□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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iecti	ve date, if other than the date of filing: 11/14/2024 (optional)
ite:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
20m	ent's effective date on the Department of State's records.
ecore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is file	ed.
ted_	November 13th 2024  Let Bale Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	NICHOLAS BADAL
	Typed or printed name of signee

Filing Fee: \$25.00