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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

cup incr	LIFE MATTER	S INSURANCE LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
		Edwin Armijo			
		Name of Person	·		
		Simplex Group Inc			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	7:	500 NW 52ND ST SUITE 100			
		Address			
		MIAMI FL 33166			
		City/State and Zip Code	<del></del>		
	lifemattersinsurancellc@gn				
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
Edwin	Armijo	213 646-7179			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he 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 Addre Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 633		Division of Corporations The Centre of Tallahassee			
Tallahassee,			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

7075 "" 10 5

(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	and assigned
The Articles of Organization for this Limited Liability Company were filed on	2024 and assigned  C" or the abbreviation "L.L.C."
The Articles of Organization for this Limited Liability Company were filed on	2024 and assigned  C" or the abbreviation "L.L.C."
Florida document number	C" or the abbreviation "L.L.C."
Florida document number	<del></del>
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	<del></del>
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	<del></del>
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL Enter new principal offices address, if applicable:    Principal office address MUST BE A STREET ADDRESS	<del></del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	<del></del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
(Mailing address MAV RE A POST OFFICE ROY)	
mining analog mail DL 11 (M) Verice DOM	, <del></del>
B. If amending the registered agent and/or registered office address on our records, <u>ente</u>	r the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	· · · · · · · · ·
New Registered Office Address:	
Enter Florida street addr	255
II.	
, r	Torida

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>	<u>Name</u>	Address	Type of Action
AMBR	ANNABELLA IVETT CHANDIA	7520 Cutlass Ave	
		North Bay Village, FL 33141	□Remove
			Change
AMBR	Julia Tidball	7520 Cutlass Ave	7
		North Bay Village, FL 33141	□ D
		<u> </u>	□ Change
	<del> </del>		
		<del></del>	Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
			[] Add
		<u></u>	□Remove
			□ Change

Iffective date, if other than the date of filing:  an effective 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 Order: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  Tecord 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 dis filed.  July 11th			···			
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Filing Fee: \$25.00