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Special Instructions to Fil	ing Officer:	
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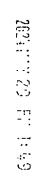




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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** Senior Insurance Quotes LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fce(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Glanda Gonzalez Name of Person Senior Insurance Quotes LLC Firm/Company 2760 Botts Landing Road Lot 224 Address DeLand FL 32720 City/State and Zip Code seniorinsquotes@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Glanda Gonzalez Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee. Certificate of Status & ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Senior Insurance Quotes LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>1.24000162356</u>	were filed on <u>04/04/202</u>	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2760 Botts Landing Ro DeLand FL 32720	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	. enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	
	· · · · · · · · · · · · · · · · · · ·	, Florida
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	- 250
I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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	Paul J Pietrzak	2744 Botts Landing Road Apt 1304, DeLand Fl 327	20 <b>≣</b> Add
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effective date is te: If the date	f other than the delisted, the date must be inserted in this blockive date on the Dep	be specific and car ck does not meet	nnot be prior to di t the applicable	ate of filing or mor	e than 90 days aft	ter filing.) Pursuant	to 605,0207 be listed as
	a delayed effective	date, but not an	effective time.	at 12:01 a.m. on	the earlier of:	(b) The 90th day	• •
cord specifies sfiled.							: :> >
s filed.	1/2024	<u></u>					F 62
s filed.	1/2024 lander blanda		 .\Q				