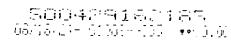
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COVER LETTER

Divis	sion of Corporations	
SUBJECT: S	Senior Insurance Quotes LLC	
_	Name of Limited Liability Company	
The enclosed /	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	Glanda Gonzalez	
	Name of Person	_
	Senior Insurance Quotes LLC	
	Firm/Company	20 21
	2760 Botts Landing Road Lot 224	PILLER SECRETAR SECRETAR
	Address	- 37 - 8
	DeLand F1, 32720	ARY OF THE
	City/State and Zip Code	AN OF STATE
	seniorinsquotes@icloud.com E-mail address: (to be used for future annual report notification)	r A w
or further infor	rmation concerning this matter, please call:	
Glanda Gonzale		
	Name of Person Area Code Daytime Telephone Number	
inclosed is a che	eck for the following amount:	
□ S25.00 Filinį	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &

TO:

Registration Section

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

Senior insurance Quotes LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L24000162356}{L24000162356}$	pany were filed on 04/04/2024	and assigned
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 "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2760 Botts Landing Road #224 DeLand FL 32720	2021 JUN 1 SECRETA
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	a
	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 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
AMBR	Paul J Pietrzak	2744 Botts Landing Road Apt 1304, DeLand Fl 327	720 ≣ Add
			□Remove
			□Remove
			□Change
			□Add
		SECRE	Remove Change
		フ.T. おおい フ.S. C. T.	Change 8
			And D 23 Comove
			□Change
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			_ □Remove
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