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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062

: (323)962-8600

Phone Fax Number

: (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Empil | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GET INSURED AMERICA LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55,00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY 2 2 2024

From: Rajiv Srivastava From:

COVER LETTER

| | tration Secti ion of Corpo | | | |
|------------------|-------------------------------|--|--|---|
| SUBJECT: | BET INSURI | D AMERICA LLC | | |
| _ | | Name of Lim | ited Liability Company | |
| The enclosed A | Articles of Ar | nendment and fee(s) are sub- | mated for filing. | |
| Please return a | ll correspond | ence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com. inc. | | |
| | | | Firm Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | roben.glauz@gumil.com | City/State and Zip Code | *************************************** |
| | | h-mail address: (t | o be used for future armual report no | tilication) |
| For further infe | ormation con | cerning this matter, please ca | il: | |
| Cheyenne Mor | seley | | 800 773-08\$8 | |
| | Name of P | erson | Area Code Daytir | ne Tekptione Number |
| Enclosed is a c | heck for the | following amount. | | |
| □ \$25,00 Pali | ing For | □ \$30.00 Filing Fee & Certificate of Status | ■ 855.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, LL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

2024-05-20 16:43:29 PDT 2024-05-17 23:00:48 GMT 13236068205

From: Rajiv Srivastava

From:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| GET INSURED AMERICA LLC | TELAHASSEL FLORI | | |
|---|--|--|--|
| (Name of the Limited Liability Compa (A Honda Limited) | ay as a now appears on our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000185286</u> | were filed on $\frac{04/19/2024}{}$ and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| That Insurance Nord LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liab: | hty Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 9800 Sun Pointe Drive | | |
| Principal office address MUST BE A STREET ADDRESS) | Boynton Beach, FL 33437 | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 9800 Sun Pointe Drive Boynton Beach, FL 33437 | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florisks Street address | | |
| | | | |
| | Cov. ZwCode | | |

New Registered Agent's Signature, it 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

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Page: 05 of 11 Page: 4 of 5 2024-05-20 16:43:29 PDT 2024-05-17 23:00:48 GMT 13236068205 15617788975 From: Rejiv Srivastava From:

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 Robert B. Glatz | □ Add |
| | 🗅 Remove |
| 9800 Sun Pointe Drive Boynton Beach, FL 33437 | _⊟ Change |
| | Control of the Address of the Addres |
| | _ Addition Remove |
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|----------------------|--|--|---|----------------------------------|
| D. If am | ending any other informat | ion, enter change(s) here: (Attach additio | onal sheets, if necessary.) | |
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| (li an e Note: | tive date, if other than the officetive date is listed, the date must. If the date inserted in this blement's effective date on the De | be specific and cannot be prior to date of filing or me ick does not meet the applicable statutory (fling | (optional) we than 90 days after filing.) Pursuant to 6 g requirements, this date will not be | 605.0207 (3)(b) listed as the |
| If the re (b) The | ecord specifies a delayed e 90th day after the reco | effective date, but not an effective to ord is filed. | ilme, at 12:01 a.m. on the ea | rrlier of: |
| Dated | 5/17/2024 | | | |
| | RAM B. AL | Signature of a member or authorized representative | | _ |

To:

Page 3 of 3

Typed or printed name of signee

Robert Brian Glatz

Filing Fee: \$25.00