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COVER LETTER

. To:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

Connect F SUBJECT:	lealth Group LLC		
	Name of Lir	nited Liability Company	
	f Amendment and fee(s) are sultondence concerning this matter	-	
·	Seth Lee Summers	e and announce	
	-	Name of Person	
	Connect Health Group LL	С	
		Firm/Company	
	7151 SW 11th CT		
		Address	
	North Lauderdale, Florida	. 33068	
	landsgoods21@gmail.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)
Seth Lee Summers	concerning this matter, please e		
	of Person	804 201-5440 at () Area Code Daytim	e Telephone Number
, mile C	o i cison	Area Code Daytime	e 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 Address Registration 9 Division of C P.O. Box 632	Section Torporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on o oility Company)	ur records.)		
The Articles of Organization for this Limited Liability Company we	ere filed on May 28.	2024	and ass	igned
lorida document number L24000243823				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
Connect Health Insurance Agency LLC				
he new name must be distinguishable and contain the words "Limited Liability (Company," the designa	tion "LLC" or the abb	reviation "L.	L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
_			1 5-1	
		•	2.1	
nter new mailing address, if applicable:			- 1 3-	-71
Mailing address MAY BE A POST OFFICE BOX)		·		
_		<u> </u>	<u> </u>	•
		SE		_ + ; ~ ****
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our record	s, enter the name	² of the!new	registe
the analog the new registered office address here:		بر ج	23	
Name of New Registered Agent:				
New Registered Office Address:				
Register of the Authors.	Enter Florida str	eet address	<u>. </u>	
		Florida		
	City		Zip Code	

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
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			□Remove
			□Change
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an effective date i	i listed, the date must be spec	cific and cannot be prior	to date of filing or more	(optional) than 90 days after filing	.) Pursuant to 605 0207
ote: If the date ocument's effec	inserted in this block doe ive date on the Departme	es not meet the applic ent of State's records	able statutory filing re	equirements, this date	will not be listed as
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record specifies	a delayed effective date,	but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
is filed.	, , , , , , , , , , , , , , , , , , , ,		, 2. 15.61 2 5.1	(3)	ie your day arter the
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