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COVER LETTER

Div	ision of Cor _l	porations					
SUBJECT:	American S	American Senior Care Insurance Agency LLC					
Name of Limited Liability Company							
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Lesley Paradise					
			Name of Person				
	American Senior Care Insurance Agency LLC						
	Firm Company						
	2151 West Hillsboro Boulevard #301						
			Address				
	Deerfield Beach, FL 33442						
			City/State and Zip Code				
		E-mail address: (to be used for future annual report noti-	fication)			
For further is	nformation co	oncerning this matter, please c	ull;				
American Sc	enior Care Ins	surance Agency LLC	561 693-7841				
Name of Person		at () 693-7841 Area Code Daytim	e Telephone Number				
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mai</u>	iling Address	<u>:</u>	Street Address:				

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

TO:

Registration Section

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



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) American Senior Care Insurance Agency LLC The Articles of Organization for this Limited Liability Company were filed on $_{-}^{06/04/2024}$ Florida document number 1.24000255844 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 "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

__, Florida __

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
MGR	Nicholas Badal	2152 West Hillsboro Boulevard #301	= Add
		Deerfield Beach, FL 33442	□Remove
MGR	Shannon Maraj	2152 West Hillsboro Boulevard #301	= Add
		Deerfield Beach, Fl. 33442	□Remove
			□Change
		 	
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an effective date is listed, the date mi	ist be specific and cannor b clock does not meet the	se prior to dute of filing or a applicable statutory filir	nore than 90 days after fillr 1g requirements, this da	ig.) Pursuant to (05.0207 to will not be listed as
	Department of State's re	ecords.		
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record specifies a delayed effecti t is filed.		ctive time, at 12:01 a.m.	on the earlier of: {h}	The 90th day after the
record specifies a delayed effecti t is filed.	larla-	or authorized representative		The 90th day after the

Filing Fee: \$25.00