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(((H240002600123)))



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To:

Division of Corporations

Fax Number : (650)617-6383

From:

Account Name : MS ACCOUNTING & TAXES CORP

Account Number : I20200600030

Phone : (786)346-8644

Fax Number : (786)502-3694

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

	Email	Address:	Vmoore.iweb@gmail.com	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 365 INSURANCE SOLUTIONS LLC

Certificate of Status	0
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T. LEMIEUX AUG - 6 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000260012 3

365 Insurance Solutions LLC			
(Name of the Limited Linbility Comp. (A Florida Limited	any as it now appears Liability Company)	an our recorns.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000304512</u> .	were filed on 07/0	8/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company her	2:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	8160 Southwest 3	rd Street, North Lauder	dale FI 33068
(Mailing address MAY BE A POST OFFICE BOX)			202
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou r rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florid	a street address	TE 22
		, Florida	
	City	, 1101102	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Ch	ry duties, and I am fo apter 605, F.S. Or,	nmiliar with and if thi s document is
If Char	nging Registered Ager	t, Signature of New Reg	istered Agent

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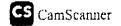
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If unrending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR≈ Manager AMBR≈ Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Nicolas Nascimento	2831 W Cypress Creek RD Ste 101	
		Fort Lauderdale, FL 33309	≌ Remove
			⊡ Change
Member	Nicotas Nascimento	8160 Southwest 3rd Street,	■Add
		North Lauderdale Fl 33068	□ Remove
			🖸 Change
Member	Kenyatta Lawery	5820 NW 17th Pi,	≌ Add
		Sunrise FL 33313	□ Remove
			Change
Member	Vashon Moore	5423 NW 50th Court	Add
		Coconus Creek, FI 33073	☐ Remove
			□ Change
			☐ Remove
			🗇 Change

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<u>ore:</u> it me a	rate inserted in this	he date of filing: nust be specific and co block does not me Department of Sta	et ine applicable	ate of filing or mo statutory filing	re than 90 days requirements	iptional) after filing.) Pu , this date wil	irruant to 605.020 Il not be listed a
ecord specif is tiled.	fies a delayed effec	ctive date, but not a	n effective time,	, at 12:01 a.m. o	n the earlier o	f: (b) The 90	Ith day after the
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