# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MS ACCOUNTING & TAXES CORP

Account Number : I20200000030

: (786)346-8844

Fax Number

: (786)502-3694

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

Email Address: 36504solutions1@gmail.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 365 INSURANCE SOLUTIONS LLC

Certificate of Status	0
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Page Count	04
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K. SALY

NOV - 6 2024

Nov. 5. 2024 4:17PM

No. 0328 f. 2

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLES OF O	RGANIZATION	
O		
365 INSURANCE SOLUTIONS LLC	٠,	C. The State of
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)	
(A Florida Limited L	ability Company)	75 S
The Articles of Organization for this Limited Liability Company	were filed on 07/08/2024	nd assumed
	Mere med on at	na assaganea
Florida document number L24000304512		165
This amendment is submitted to amend the following:		76
•		<del>-</del>
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		
· -		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
Maning unitess MAT BE A POST OFFICE BOX)		·
D. Transcatt and a second seco		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here;	dress on our records, enter the name of th	e new registered
agent aftwor the new registered office andress fiere;		
	·	
Name of New Registered Agent:		
New Registered Office Address:		
them (restituted Office Wools22:	Enter Florida street address	<del></del> -
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	, Florida	
	City 7in (	ode

#### 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 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
MBR	Moore, Vashon	5423 NW 50 CT	Add
		COCONUT CREEK, FL 33073	Remove
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Testive date if other than the	data of Minne				•
ffective date, if other than the an effective date is listed, the date mus lote: If the date inserted in this blocument's effective date on the December 2.	ock does not meet t	ne applicable stat	f filing or more than utory filing requi	90 days after filing.) rements, this date w	Pursuant to 605,0207 (3)( vill not be listed as the
record specifies a delayed effective is filed.	e date, but not an ei	ffective time, at 1	2:01 a.m. on the e	earlier of: (b) The	90th day after the
November 05	, 20	24			
				•	
<del></del>	Signature of a memb	the Jaw	oregentative of a me	mher	