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SECRETARY OF STATE

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## **COVER LETTER**

Division of Co			
Insurance-	Leads.AI,LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph T Saigh		
	<u> </u>	Name of Person	
	Insurance-Leads.ALLLC		
	<del></del>	Firm/Company	
	3590 Lansing Loop #204		
		Address	
	Estero, Fl. 33928		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	joe@medigap4seniors.com		
For further information (	E-mail address: ( concerning this matter, please c	to be used for future annual report notificall:	cation)
Joseph T Saigh		810 4995012 at ()	
Name	of Person	Area Code Daytime	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 Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

Street Address: 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 Compa (A Florida Limited)	nny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000403667	were filed on 9/16/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		S 202
		24 NO
		¥ <b>1</b>
Enter new mailing address, if applicable:		AS 5 1
(Mailing address MAY BE A POST OFFICE BOX)		
		S S S
		m &
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ei</u>	iter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	Idress
		, Florida
	City	Zip Code

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 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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