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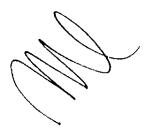


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SECRETAKE OF STATE TALLAHASSEE, FL

2024 DEC -9 PM 2: 56



COVER LETTER

TO: Registration of Division of	m Section Corporations				
SaveP SUBJECT:	oint Insurance, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
	John Carlson				
	···	Name of Person			
	SavePoint				
	-	Firm Company			
	4903 64th Dr. West				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Bradenton, Fl. 34210			702: SEC SE02:	
	uskoitse@gmail.com	City/State and Zip Code		2024 DEC -9 PH 2: 56 SECRETARY OF STATE TALLAHASSEE, FL	• •
	E-mail address: (to be used for future annual report notifier	ation)	- 5	145
For further informat	ion concerning this matter, please c	all:		PR.	-
John Carlson		818 359-0887 at ()		PM 2: 56 OF STATE SEE, FL	·
N	ame of Person		elephone Number	<u> </u>	
Enclosed is a check	for the following amount:				
\$25.00 Filing F	ee 🔲 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	Status & oy	
Mailing Ac	ddress:	Street Address:	an.		

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

SavePoint Insurance, LLC		
(Name of the Limited 1.) (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 11/27/2024	and assigned
Torida document number 1.24000500086		
This amendment is submitted to amend the following	og:	
A. If amending name, enter the new name of the	limited liability company here:	
SavePoint Insurance TEAM, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable		
Principal office address MUST BE A STREET A	DDRESS)	
		_
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		SE SE
		A C 2
3. If amending the registered agent and/or regis	tarud office address an our records unter the r	name of the new registered
is. If amending the registered agent aud/or regis agent and/or the new registered office address he	rre:	I S
the many the mean regiment with the desired	•	SW ASU
		資金 星 1
Name of New Registered Agent:		
		7: 5 FL
New Registered Office Address:	P Fil I I linear	
	Emer Florida street address	
	. Florida	l
_	City	Zin 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□Remove
			□Change
			□Add
			SEMPRETY OF PH 2: 56e SEMPRETY OF STATER OF ST
			PH 2:
			P S □Remove
			Remove
			□Remove
			□ Change

Effective date, if other than the date of filing: Compared Co			
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after flings Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Dated December, 5 December, 5 2024 Signature of a member or authorized representative of a member			<u></u>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after flings Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Dated December, 5 December, 5 2024 Signature of a member or authorized representative of a member			
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated December, 5 Signature of a member or authorized representative of a member.			
Dated December, 5 . 2024 Signature of a member or authorized representative of a member	Note: If the date inserted in this block does not meet the applicable		to 605,0207 e fisted as
Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	at 12:01 a.m. on the earlier of: (b) The 90th day	after the
	Dated December, 5 , 2024 .		
	Signature of a member or authorize	d representative of a member	
John A. Continue		•	

Filing Fee: \$25.00