

M02000003090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

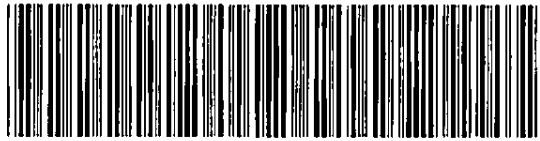
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/24/25--01030--005 **25.00

2025 JAN 24 PM 2:14
SECRETARY OF STATE
MASSACHUSETTS

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDEPENDENT ADMINISTRATIVE SERVICES, L.L.C.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALYSSA DAVIS

Name of Person

AMERILIFE

Firm/Company

2650 MCCORMICK DR 200S

Address

CLEARWATER FL 33759

City/State and Zip Code

ENTITY@AMERILIFE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALYSSA DAVIS at (727) 7260726

Name of Person Area Code & Daytime Telephone Number

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

DEPARTMENT OF STATE
CORPORATION SERVICES (CRD)

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Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: INDEPENDENT ADMINISTRATIVE SERVICES, L.L.C.

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M02000003090

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 11/21/2002

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AmeriLife US, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

Enter Florida Street Address

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 Changing Registered Agent, Signature of New Registered Agent

2025 JAN 24 PM 2:14

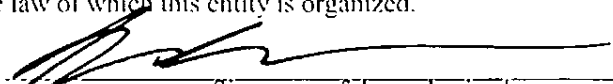
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

GIDEON MOORE

Typed or printed name of signee

Filing Fee: \$25.00

2025 JAN 24 PM 2:14
STATE OF FLORIDA
CLERK OF THE COURT

FILED

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INDEPENDENT ADMINISTRATIVE SERVICES, L.L.C.", CHANGING ITS NAME FROM "INDEPENDENT ADMINISTRATIVE SERVICES, L.L.C." TO "AMERILIFE US, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2024, AT 3:31 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

2025 JAN 24 PM 2:15
SECRETARY OF STATE
IN ASSISTANCE

FILED

3579034 8100
SR# 20244507028

Authentication: 205166505
Date: 12-17-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is INDEPENDENT ADMINISTRATIVE SERVICES, L.L.C.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The existing paragraph 1 is hereby deleted, and the following is hereby inserted in lieu thereof

"1 The name of the limited liability company is AmeriLife US, LLC"

By: DocuSigned by:
Gideon Moore

Authorized Person

Name: Gideon Moore
Print or Type

Delaware

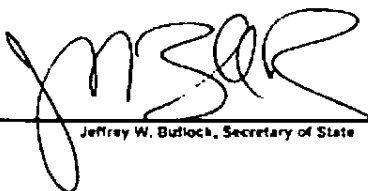
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INDEPENDENT ADMINISTRATIVE SERVICES, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AMERILIFE US, LLC" ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2024, AT 3:31 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.




Jeffrey W. Bullock, Secretary of State

3579034 8320
SR# 20250046111

Authentication: 202632217
Date: 01-07-25