M17000062160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

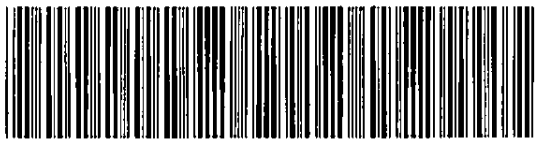
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAY 10 2023

Office Use Only



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FILED

2023 MAY 10 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: IT'S JUST MEDICARE, LLC

FILED
2023 MAY 10 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: M17000006266

3. Jurisdiction of its organization: ARIZONA

4. Date authorized to do business in Florida: 07/20/2017

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

5. New name of the limited liability company: IJM AGENCY, 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

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)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

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

GARY JOHNSON

Typed or printed name of signee

Filing Fee: $25.00

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STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that

LJM Agency, LLC

ACC file number: L21924223

was incorporated under the laws of the State of Arizona on 06/05/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 05/05/2023

SEAL OF THE ARIZONA CORPORATION COMMISSION · 1912 · DITAT DEUS

Douglas R. Clark, Executive Director

Arizona Corporation Commission - RECEIVED: 2/8/2023
Arizona Corporation Commission - FILED: 2/8/2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME:	IJM AGENCY, LLC
ENTITY ID:	L21924223
ENTITY TYPE:	Domestic LLC
PERIOD OF DURATION:	Perpetual
PROFESSIONAL SERVICES:	
CHARACTER OF BUSINESS:	Any legal purpose
MANAGEMENT STRUCTURE:	Member-Managed

FORMER ENTITY NAME IT'S JUST MEDICARE, LLC

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME:	Gary Edward Johnson
PHYSICAL ADDRESS:	15828 E TUMBLEWEED DR, FOUNTAIN HILLS, AZ 85268
MAILING ADDRESS:	15828 E TUMBLEWEED DR, FOUNTAIN HILLS, AZ 85268

KNOWN PLACE OF BUSINESS

15828 E TUMBLEWEED DR, FOUNTAIN HILLS, AZ 85268

PRINCIPALS

Member: GARY EDWARD JOHNSON - 15828 E TUMBLEWEED DR, FOUNTAIN HILLS, AZ, 85268, USA - -
Date of Taking Office: 06/05/2017

SIGNATURE

Member: Gary Edward Johnson - 02/08/2023