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COVER LETTER

TO:

Registration Section Division of Corporations

47 6 7 6 4 6 6 7 7 7 7 7 7	UOTES.COM, INC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raymonde Charlier		
		Name of Person	<u> </u>
		Firm/Company	
	3661 W Forge Rd		
		Address	
	Davie, FL 33328		
		City/State and Zip Code	
	ray@zabella.com E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	·	
Raymonde Charlier		954 560-0234 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C P.O. Box 632	Corporations	Division of Co	rporations
Tallahassee, 1		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 2022 MAY 13 PM 12: 30 (Name of the Limited Liability Company as it now appears on our records) A HASSEC FEARY (A Florida Limited Liability Company)

VERIFYQUOTES, COM, INC

The Articles of Organization for this Limited Liability Compa	any were filed on 07/16/2018	and assigned
Florida document number P18000061750		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>ent</u>	
New Registered Office Address:		
New Wegistered Street Hadress.	Enter Florida street addi	ress
		FloridaZip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties. as provided for in Chapter 602	and I am familiar with and 5. F.S. Or, if this document is
H' C	hanging Registered Agent, Signatur	e 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
MGR	Raymonde Charlier	3661 W Forge Rd, Davie, FL 33328	■Add
			□Remove
			OChange
MGR	Mario Nicolas	3661 W Forge Rd, Davie, FL 33328	≅ Add
			□Remove
			□Change
			□Add
)			□Remove
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•			Remove
			□Change

Effective date, if other than the date of filing: an effective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. I Pursuant to 605.025 Once: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. Precord specifies a delayed effective date, but out an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distinct of the specific and provided after the days of the specifies and provided after the specifies and provided after the specific and provided after the specific and the					
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	Raymonde Charlier				

Filing Fee: \$25.00