P240000 33635

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SECRETARY OF SIGN TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION:	Solutions, Inc		<u> </u>	
DOCUMENT NUM	IBER: P24000033635				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Marcia Savorelli				
		Name of Contact Person	n .	-,,	
	Savorelli Medigap Solutions	, Inc			
		Firm/ Company			
	14292 NE US Highway 301				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Waldo, FL 32694	•			
		City/ State and Zip Cod	е		
	marciasavorelli6@gmail.com	· ·			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:		2024 HAY 28 SECRETAR	
Marcia Savorelli		at (321	328-7689	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Name	of Contact Person		de & Daytime Telephone	Number 🗈 🗀 .	,eta
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	3: 14 EE, FL	لهورا
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	·	
Mailing Address		Street	Address		

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

Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Savorelli Medigap Solutions, Inc (Name of Corporation as currently filed with the Florida Dept. of State) P24000033635 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
\underline{X} Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	V	Victoria S Falleck	14292 NE US Highway 301
Add			Waldo, FL 32694
Кетюче			
2)Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			2824 TA
Add			
Remove			<u> </u>
5) Change		METER AND ASSESSED TO THE SECONDARY OF T	30 TO 131
Add		THE STATE OF THE S	<u> </u>
Remove			<u> </u>
6) Change			
Add			
Remove			

emoving Victoria S Falleck as Vice President of Savorelli Medigap Solutions, Inc. There wil	Il NOT be a vice president at this time.
 	
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n amendment provides for an exchange, reclassification, or o	cancellation of issued shares,
ovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
(y not applicable, maicale N/A)	

The date of each amendmen date this document was signed	it(s) adoption:	_, if other than th
Effective date if applicable:	May 21, 2024	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature(B)	a director, president or other officer – if directors or officers have not been	_
ap	leated by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Marcia Savorelli	
	(Typed or printed name of person signing) Yesident (Title of person signing)	

2024 HAY 28 PH 3: 14
SECRETARY OF STATE