

L21000523141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

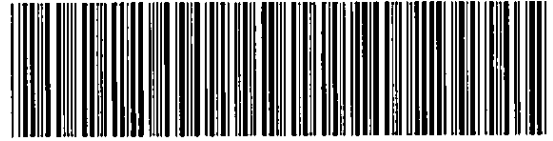
(Document Number)

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01/03/23--01009--007 **25.00

RECEIVED

2023 MAR 14 AM 11:25

FILED

2023 MAR 16 PM 12:01

FILED

cy 3/17/2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

~~Please use funds from this account: I20210000160: AMOUNT: 25.00--Already Paid see attached~~
 Authorization Signature: _____

First Healthcare Insurance Services, LLC	L21000523141
BUSINESS NAME	Document #

Certified Copy of Articles

Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability

☐ Domestication
☐ Other
☒ **CORP**
☐ **LLLP**

AMMENDMENTS

X Amendment
Resignation of R.A. Officer/Director

☐ Change of Registered Agent or office
☐ Dissolution
☐ Merger
☒ **Conversion**
☐ **Amended and restated Articles**
☐ **Statement of Authority**

OTHER FILINGS

____ Annual Report
____ Fictitious Name

____ APOSTILLE _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☒ Limited Partnership
☐ Reinstatement

Other

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Healthcare Insurance Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Vella

Name of Person

Firm/Company

19217 Cedar Crest Ct #8E

Address

No Ft Myers 33903

City/State and Zip Code

jayvee698@yahoo.com

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

For further information concerning this matter, please call:

Judith Vella

239 599-4926
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: FIRST HEALTHCARE INSURANCE SERVICES, LLC
Ref. Number: L21000523141

We have received your document for FIRST HEALTHCARE INSURANCE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The entity's date of incorporation/organization must be listed in the document.

Please check the type of action for each manager/member listed in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 523A00006004

RECEIVED
2023 MAR 16 PM 3:41
ALLAHASSI, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 MAR 16 PM 12:01

First Healthcare Insurance Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/13/2021 and assigned
Florida document number 2000523141 121000523141

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vella Insurance Services, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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:

Judith Vella

New Registered Office Address:

19217 Cedar Crest Ct #8E

Enter Florida street address

No Ft Myers

City

Florida 33903

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

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>	<u>Type of Action</u>
MGR	Judith Vella	19217 Cedar Crest Ct #8E	☒ Add
		No Ft Myers FL 33903	☐ Remove
			☐ Change
AMBR	Judith Vella	19217 Cedar Crest Ct #8E	☒ Add
		No Ft Myers FL 33903	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

