L21000523141

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

RECEIVED
2023 MAR 14 AM 11:25
TALLAHASSEE, FLORIDA

2023 MAR 16 PM 12:01

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

REGISTERATION/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 at (239) 599-4926
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
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2023 MAR 16 PM 12:01
TALLAHASSEE, FLORIDA

First Healthcare Insurance Services, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/2021 and assigned Florida document number ~~L20000523141~~ L21000523141

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, **Florida** 33903
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

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

Title	Name	Address	Type of Action
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
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: January 1,2023 **(optional)**

(If 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.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/13, 2023.

Judith Vella

Signature of a member or authorized representative of a member

Judith Vella

Typed or printed name of signee

Filing Fee: $25.00