I hereby certify that the information indicated on this report or supplemental report is true and accurate and that n		
oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.		
that my hame appears above, or on an attachment with an other like empowered.		
SIGNATURE MARGARITA ROJAS	MANAGING MEMBER	10/14/2022

SIGNATURE: MARGARITA ROJAS

I

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ONE SOURCE HEALTH ENROLLMENTS LLC **Current Principal Place of Business:**

848 STANTON DRIVE WESTON, FL 33326

Current Mailing Address:

DOCUMENT# L21000253961

848 STANTON DRIVE WESTON, FL 33326 US

FEI Number: 87-0960800

Name and Address of Current Registered Agent:

ROJAS, MARGARITA 848 STANTON DRIVE WESTON, FL 33326 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARGARITA ROJAS

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	ROJAS, MARGARITA
Address	848 STANTON DRIVE
City-State-Zip:	WESTON FL 33326

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED Oct 14, 2022 Secretary of State 4353678503CC

Certificate of Status Desired: No

10/14/2022 Date

Date