

# L12000055760

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

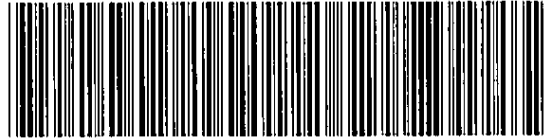
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**  
State of Florida  
1901 North West 17th Avenue, Room 300  
Tallahassee, FL 32314  
J & C PROPERTY HOLDINGS, LLC

SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
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:

Gabrielle Sosa

\_\_\_\_\_  
Name of Person

N/A

\_\_\_\_\_  
Firm/Company

PO Box 497

\_\_\_\_\_  
Address

Oldsmar, FL 34677

\_\_\_\_\_  
City/State and Zip Code

GABRIELLAUSHA@GMAIL.COM

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

For further information concerning this matter, please call:

Gabrielle Sosa

813

431-5545

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)

REGISTERED PROFESSIONAL  
ACCOUNTING FIRM

**VSOS ff**

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

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

J & C PROPERTY HOLDINGS, L.L.C.

(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 01/02/2015 and assigned  
Florida document number 112000055760.

This amendment is submitted to amend the following:

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

Secure Health Solutions L.L.C.

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

**Enter new principal offices address, if applicable:**

10905 Bridle Place Tampa, FL 33626

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

PO Box 497 Oldsmar, FL 34677

**(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:

Gabrielle Sosa

New Registered Office Address:

10905 Bridle Place

Enter Florida street address

Tampa

City

Florida 33626

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>                      |
|--------------|----------------|------------------------------------|--|
| MGRM         | Jose Sosa      | 10905 Bridle Place Tampa, FL 33626 | <input type="checkbox"/> Add               |
|              |                |                                    | <input checked="" type="checkbox"/> Remove |
|              |                |                                    | <input type="checkbox"/> Change            |
| MGRM         | Camille Sosa   | 10905 Bridle Place Tampa, FL 33626 | <input type="checkbox"/> Add               |
|              |                |                                    | <input checked="" type="checkbox"/> Remove |
|              |                |                                    | <input type="checkbox"/> Change            |
| MGRM         | Gabrielle Sosa | 10905 Bridle Place Tampa, FL 33626 | <input checked="" type="checkbox"/> Add    |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |

J.J. Sosa



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

[illegible]

E. Effective date, if other than the date of filing: 11/15/2023 (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 November 13th 2023

Authorized representative of a member

Signature of a member or authorized representative of a member

Jose Sosa

Typed or printed name of signee