

**L13000022258**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

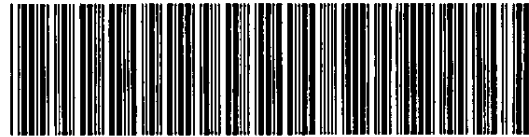
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**2013 MAY 20 PM 3:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**N. Culligan MAY 21 2013**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNITED HEALTH SAVINGS LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Ferrante  
(Contact Person)

UNITED HEALTH SAVINGS LLC  
(Firm/Company)

4699 N. Federal H'WAY  
(Address)

POMPAÑO Beach FL 33064  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Ferrante at 954.790-8340  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 MAY 20 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED HEALTH SAVINGS 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 2/12/2013 and assigned  
Florida document number L13000022258

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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:

William Ferrante

New Registered Office Address:

1011 SE 12 AVE

Enter Florida street address

Deerfield Beach, Florida 33441

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 608, 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.

William Ferrante  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Registered Agent	DAVID COHEN	1121 Military Trail	<input type="checkbox"/> Add
		Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Remove
MGR	DAVID COHEN	4699 N. Federal H'wy	<input type="checkbox"/> Add
		Pompano Beach FL 33064	<input checked="" type="checkbox"/> Remove
Resident Agent	William Ferrante	<del>William Ferrante</del>	<input checked="" type="checkbox"/> Add
		1011 SE 12 AVE	<input type="checkbox"/> Remove
		Deerfield Beach FL 33441	
MGR	William Ferrante	4699 N. Federal H'wy	<input checked="" type="checkbox"/> Add
		Pompano Beach FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Please remove DAVID COHEN  
from UNITED HEALTH SAVINGS LLC

Dated

5/15/13

William Ferrante

Signature of a member or authorized representative of a member

William Ferrante

Typed or printed name of signee

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Filing Fee: \$25.00

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