

L17000010830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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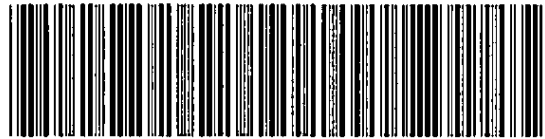
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 22 2019  
TECHNOLOGY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HEALTH CHOICE SOLUTIONS, 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:

RICHARD ABREU

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

HEALTH CHOICE SOLUTIONS, LLC

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

1505 LORETTO CIR

\_\_\_\_\_  
Address

ODESSA, FL 33556

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

R.ABREU.HEALTHCHOICESOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD ABREU

787 568-6444  
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/COURIER ADDRESS:**

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

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

HEALTH CHOICE SOLUTIONS, 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 01/13/2017 and assigned  
Florida document number L17000010830.

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 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)

1505 LORETTO CIR

ODESSA, FL 33556

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1505 LORETTO CIR

ODESSA, FL 33556

**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:

RICHARD ABREU

New Registered Office Address:

1505 LORETTO CIR

*Enter Florida street address*

ODESSA

*City*

Florida 33556

*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	LUIS F VENERIO	13000 SW 110TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD ABREU	1505 LORETTO CIR	<input checked="" type="checkbox"/> Add
		ODESSA, FL 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUN 7 AM 8:08  
STATE OF FLORIDA  
TALLAHASSEE

13 JUN - 7 AM '67  
SECRECY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
19 JUN -7 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**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.

Dated 05/31 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee