

L18000209631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

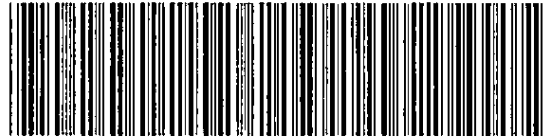
(Document Number)

Additional Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500405302195

FILED

2023 MAR 27 AM 9:32

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2023 MAR 27 PM 12:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03/27/23

NAME: TRUSTED HEALTHCARE ASSOCIATES, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUSTED HEALTHCARE ASSOCIATES, 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:

Michael Rosen

Name of Person

TRUSTED HEALTHCARE ASSOCIATES, LLC.

Firm/Company

150 East Palmetto Park Road S. Suite 800

Address

Boca Raton, FL 33432

City/State and Zip Code

info@trustedhealthassociates.com

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

For further information concerning this matter, please call:

Michael Rosen

561 716-3703

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

TRUSTED HEALTHCARE ASSOCIATES, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 MAR 27 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/31/2018 and assigned
Florida document number L18000209631.

This amendment is submitted to amend the following:

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

TRUSTED HEALTHCARE ASSOCIATES AGENCY, 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)

150 East Palmetto Park Road S

Suite 800

Boca Raton, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 East Palmetto Park Road S

Suite 800

Boca Raton, FL 33432

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:

Robert Points

New Registered Office Address:

150 East Palmetto Park Road S

Enter Florida street address

Boca Raton

Florida 33432

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.


Robert Points (Mar 24, 2023 16:46 EDT)

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>
AMBR	Robert Points	150 East Palmetto Park Road S	<input checked="" type="checkbox"/> Add
		Suite 800	<input type="checkbox"/> Remove
		Boca Raton, FL 33432	<input type="checkbox"/> Change
MGR	Michael Rosen	150 East Palmetto Park Road S	<input checked="" type="checkbox"/> Add
		Suite 800	<input type="checkbox"/> Remove
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change
MGR	MIKE ROSEN ENTERPRISES, IN	150 EAST PALMETTO PARK ROAD S, SUITE 800	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" 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

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

Update the name from TRUSTED HEALTHCARE ASSOCIATES, LLC. to

TRUSTED HEALTHCARE ASSOCIATES AGENCY, LLC.

Add Robert Points as registered agent and AMBR.

Change Michael Rosen from AMBR to MGR.

Remove MIKE ROSEN ENTERPRISES, INC. completely.

FILED
2023 MAR 27 AM 9:32
CLERK OF STATE
TALLAHASSEE, FL

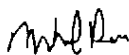
E. Effective date, if other than the date of filing: 03/24/2023 **(optional)**

(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 March 24th 2023



Signature of a member or authorized representative of a member

Michael Rosen

Typed or printed name of signee

Filing Fee: \$25.00