

# L18000209631

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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STATE OF FLORIDA

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**DATE: 04/14/23**

**NAME: TRUSTED HEALTHCARE ASSOCIATES AGENCY, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRUSTED HEALTHCARE ASSOCIATES AGENCY, 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

TRUSTED HEALTHCARE ASSOCIATES AGENCY, 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

2023 APR 14 PM 3:25

TRUSTED HEALTHCARE ASSOCIATES AGENCY, LLC.

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

CLERK 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 Insurance 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:

New Registered Office Address:

Enter Florida street address

Florida

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.*

**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>
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael Rosen	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 AGENCY, LLC.

Trusted Healthcare Associates Insurance Agency, LLC.

Remove MIKE ROSEN ENTERPRISES, INC. completely.

FILED  
2023 APR 14 PM 3:25  
CLERK OF STATE  
TALLAHASSEE, FL

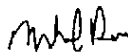
**E. Effective date, if other than the date of filing:** 04/13/2023 **(optional)**

(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 April 13th 2023



Signature of a member or authorized representative of a member

Michael Rosen

Typed or printed name of signer