

L220000346092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

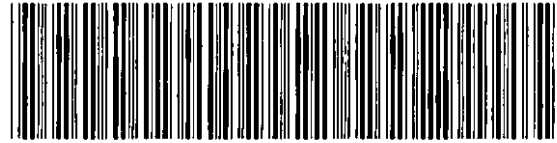
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



700416180377

09/23/23--01010--022 **52.50

10/31/23--01047--001 **7.50

2023 OCT 31 PM 12:40
DIVISION OF CORPORATE AFFAIRS
STATE OF TEXAS

R. HUNT

10/31/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHEALTH INSURANCE 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:

Duffie, Sean
Name of Person

IHEALTH INSURANCE AGENCY LLC
Firm/Company

175 Bayridge Lane
Address

Weston, FL 33326
City/State and Zip Code

info @ ihealthinsuranceone.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Duffie at (954) 655-5075
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 OCT 31 PM 12:40

REGISTRATION SECTION
DIVISION OF CORPORATIONS

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

IHEALTH INSURANCE AGENCY 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 _____ and assigned Florida document number L22000346092.

This amendment is submitted to amend the following:

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

N/A

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)

1900 N. University Dr. ste 210
Pembroke Pines, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 N. University Dr.
suite 210
Pembroke Pines, FL 33024

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:

N/A

New Registered Office Address:

N/A
Enter Florida street address

N/A

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.

N/A

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>
P	Sean Duffie	1900 N. University Drive st. 210	<input type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
V	Jocelyn Charles	1900 N. University Dr. ste 210	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33024	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 31 PM 12:40
CLERK OF STATE
DIVISION OF CORRECTIONS

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

N/A

2023 OCT 31 PM 12:40
DIVISION OF STATE RECORDS

E. Effective date, if other than the date of filing: _____ (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 October 25, 2023

Signature of a member or authorized representative of a member

Sean Duffie

Typed or printed name of signee