

L23000089447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

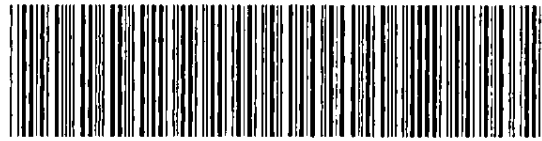
(Business Entity Name)

(Document Number)

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07/10/23--01018--010 **30.00

2023 JUL 10 AM 8:06
FILED

8/13/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insure Health Now 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:

Patrick Cajuste

Name of Person

Insure Health Now LLC

Firm/Company

6412 Melaleuca LN

Address

Greenacres FL 33463

City/State and Zip Code

patrick@insurehealthnow.com

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

For further information concerning this matter, please call:

Patrick Cajuste

Name of Person

at (561)

Area Code

531-3631

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

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

Insure Health Now LLC

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

2023 JUL 10 AM 9:07

The Articles of Organization for this Limited Liability Company were filed on 2/17/23 and assigned
Florida document number L23000087447

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)

6412 Melaleuca LN

Greenacres FL, 33463

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6412 Melaleuca LN

Greenacres FL, 33463

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:

Patrick Cuyate

New Registered Office Address:

6412 Melaleuca LN

Enter Florida street address

Greenacres

City

Florida 33463

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.

Patrick Cuyate

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>
<u>MGR</u>	<u>Patrick Cajuste</u>	<u>6412 Melaleuca Ln, Greenacres Fl, 33463</u>	<input checked="" type="checkbox"/> Add
		<u>6462 Blacksmith Way Lake worth Fl, 33467</u>	<input checked="" type="checkbox"/> Remove
		<u>Pnc Universal Associates</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Remitino Dumas</u>	<u>6412 Melaleuca Ln Greenacres Fl, 33463</u>	<input checked="" type="checkbox"/> Add
		<u>125th Remount Rd Ste C-1 PMB222</u>	<input checked="" type="checkbox"/> Remove
		<u>Charlotte NC 28203</u>	
		<u>ORD Journey Inc</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Daguan Robinson</u>	<u>6412 Melaleuca Ln Greenacres Fl, 33463</u>	<input checked="" type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Justin Duroseau</u>	<u>6412 Melaleuca Ln Greenacres Fl, 33463</u>	<input checked="" type="checkbox"/> Add
		<u>4313 N Reflection Blvd Apt 101</u>	<input checked="" type="checkbox"/> Remove
		<u>Sunrise Fl 33351</u>	
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

[illegible]

(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)

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 July 5th, 2023

Retube Cyst

Signature of a member or authorized representative of a member

Patrick Caju

Typed or printed name of signee