

C23000411391

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

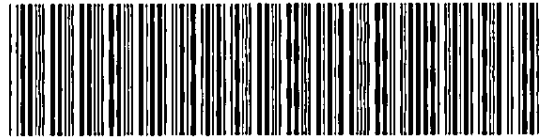
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12/08/23--01015--022 \*\*25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Better Health Advisors, 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:

Luis ESTEVEZ

Name of Person

Better Health Advisors, LLC

Firm/Company

6909 west Flagler ST

Address

Miami, FL 33144

City/State and Zip Code

Headhunterohio@gmail.com

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

For further information concerning this matter, please call:

Luis Estevez

Name of Person

melodie Hernandez

at ( 513 )

Area Code

225-7736

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**

Better Health Advisors, 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 09/01/2023 and assigned Florida document number 123000411391.

This amendment is submitted to amend the following:

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

Better Health Insurance Plan Advisors, 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)

6909 West Flagler ST  
Miami, FL 33144

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 266223  
Weston, FL 33326

**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:

Luis Estevez

New Registered Office Address:

12283 NW 11<sup>th</sup> ST

Enter Florida street address

Pembroke Pines

City

Florida 33026

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.*

Luis Estevez

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	Lois Estevez	12283 NW 11 <sup>th</sup> ST	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melodie Hernandez	6909 West Flagler ST	<input type="checkbox"/> Add
		Miami, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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 11/27/23

Luis Estevez

Signature of a member or authorized representative of a member

Lois ESTEvez

Typed or printed name of signee