

L23000559806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

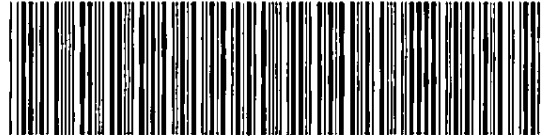
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

umik

Office Use Only



500422957465

02/01/24 --01008--013 **80.00

2024 FEB 1 10:00 AM
FBI - NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMENDING NAME PROVISION HEALTH PLANS, 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:

TOMMY TIPTON SR

Name of Person

PROVISION HEALTH PLANS, LLC

Firm/Company

1421 SW GOODMAN AVE

Address

PORT SAINT LUCIE, FLORIDA 34953

City/State and Zip Code

tommy.tipton@outlook.com

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

For further information concerning this matter, please call:

TOMMY TIPTON SR

561

373-5782

at (_____) _____

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
2115 N. Monroe St., Suite 215
Tallahassee, FL 32304

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

PROVISON HEALTH PLANS, 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 DECEMBER 20, 2023 and assigned
Florida document number L23000559806.

This amendment is submitted to amend the following:

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

PROVISON HEALTH PLANS, LLC DBA 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)

1421 SW GOODMAN AVE

PORT SAINT LUCIE, FLORIDA 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: JANUARY 2, 2024 (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 1/25 2024

Signature of a member or authorized representative of a member

TOMMY TIPTON SR

Typed or printed name of signee

AMENDED ARTICLES OF INCORPORATION
PROVISION HEALTH PLANS, LLC DBA INSURANCE AGENCY

ARTICLE I: NAME OF THE LIMITED LIABILITY COMPANY

The name of the limited liability company shall be PROVISION HEALTH PLANS, ~~LLC DBA~~ Insurance Agency (hereinafter referred to as the "Company"), effective date January 2, 2024.

ARTICLE II: REGISTERED AGENT

The registered agent and registered office of the Company shall be determined by the members and may be changed from time to time by a majority vote of the members.

ARTICLE III: PURPOSE OF THE COMPANY

The purpose for which the Company is organized is to engage in the business of providing independent health insurance agency services, including individual health plans, family health plans, group health plans for businesses, dental and vision coverage, and supplemental health insurance.

ARTICLE IV: MEMBERSHIP INTEREST

The Company shall have one or more members. The membership interest of each member shall be as set forth in the operating agreement of the Company.

ARTICLE V: MANAGEMENT

The Company shall be managed by its members in accordance with the terms and conditions set forth in the operating agreement. The business may also operate under the Doing Business As (DBA) name "Insurance Agency."

ARTICLE VI: DISTRIBUTION OF PROFITS AND LOSSES

Profits and losses of the Company shall be allocated and distributed among the Members in accordance with their respective membership interests.

ARTICLE VII: TRANSFER OF MEMBERSHIP INTEREST

No Member may transfer their membership interest without the written consent of a majority of the other Members.

ARTICLE VIII: DISSOLUTION

In the event of dissolution of the Company, the assets shall be distributed among the Members in proportion to their membership interests.

ARTICLE IX: AMENDMENTS

These Articles of Incorporation may be amended by a vote of the members in accordance with the provisions of the operating agreement.

ARTICLE X: LIABILITY OF MEMBERS

The members of the Company shall not be personally liable for the debts, liabilities, or obligations of the Company.

IN WITNESS WHEREOF, the undersigned, being the initial member(s) of PROVISION HEALTH PLANS, LLC DBA Insurance Agency, have executed these Articles of Incorporation on this December 20, 2023.

Member Name: Tommy Tipton Sr.

Member Signature: *Tommy Tipton Sr*

AMENDED ARTICLES OF INCORPORATION
PROVISION HEALTH PLANS, LLC DBA INSURANCE AGENCY

ARTICLE I: NAME OF THE LIMITED LIABILITY COMPANY

The name of the limited liability company shall be PROVISION HEALTH PLANS, LLC DBA Insurance Agency (hereinafter referred to as the "Company"), effective date January 2, 2024.

ARTICLE II: REGISTERED AGENT

The registered agent and registered office of the Company shall be determined by the members and may be changed from time to time by a majority vote of the members.

ARTICLE III: PURPOSE OF THE COMPANY

The purpose for which the Company is organized is to engage in the business of providing independent health insurance agency services, including individual health plans, family health plans, group health plans for businesses, dental and vision coverage, and supplemental health insurance.

ARTICLE IV: MEMBERSHIP INTEREST

The Company shall have one or more members. The membership interest of each member shall be as set forth in the operating agreement of the Company.

ARTICLE V: MANAGEMENT

The Company shall be managed by its members in accordance with the terms and conditions set forth in the operating agreement. The business may also operate under the Doing Business As (DBA) name "Insurance Agency."

ARTICLE VI: DISTRIBUTION OF PROFITS AND LOSSES

Profits and losses of the Company shall be allocated and distributed among the Members in accordance with their respective membership interests.

ARTICLE VII: TRANSFER OF MEMBERSHIP INTEREST

No Member may transfer their membership interest without the written consent of a majority of the other Members.

ARTICLE VIII: DISSOLUTION

In the event of dissolution of the Company, the assets shall be distributed among the Members in proportion to their membership interests.

ARTICLE IX: AMENDMENTS

These Articles of Incorporation may be amended by a vote of the members in accordance with the provisions of the operating agreement.

ARTICLE X: LIABILITY OF MEMBERS

The members of the Company shall not be personally liable for the debts, liabilities, or obligations of the Company.

IN WITNESS WHEREOF, the undersigned, being the initial member(s) of PROVISION HEALTH PLANS, LLC DBA Insurance Agency, have executed these Articles of Incorporation on this December 20, 2023.

Member Name: Tommy Tipton Sr.

Member Signature: *Tommy Tipton Sr*