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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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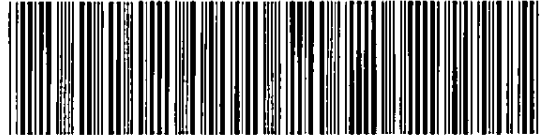
(Business Entity Name)

(Document Number)

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FL

IS. HUNT

07/16/2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTHEASE SOLUTIONS 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:

JENNY HERNANDEZ ROQUE

Name of Person

HEALTHEASE SOLUTIONS LLC

Firm/Company

8986 W FLAGLER ST 3

Address

MIAMI, FLORIDA, 33174

City/State and Zip Code

danycela.19@gmail.com

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

For further information concerning this matter, please call:

JENNY HERNANDEZ ROQUE

786 4064171  
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  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

HEALTHEASE SOLUTIONS 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 01/22/2024 and assigned  
Florida document number L24000039320.

This amendment is submitted to amend the following:

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

HEALTHEASE SOLUTIONS 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:

8986 W FLAGLER 3 MIAMI FLORIDA 33174

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

danycela.19@gmail.com

(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:

JENNY HERNANDEZ ROQUE

New Registered Office Address:

8986 W FLAGLER ST 3

*Enter Florida street address*

MIAMI

*City*

Florida 33174

*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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JENNY HERNANDEZ ROQUE	8986 W FLAGLER 3 MIAMI.FLORIDA.33174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 JUN 15 PM 3:43  
CLARK COUNTY FL

2024-16 PM 3:43  
FLORIDA STATE  
LABORATORY, FL

**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.

Dated 02/17/2024 11:50AM

Jenny Hernandez Roque  
Typed or printed name of signer