

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEALTH PRO SOLUTIONS L.L.C

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:

NATHALLY VENTURA

Name of Person

HEALTH PRO SOLUTIONS L.L.C

Firm/Company

4417 13TH STREET , 525

Address

SAINT CLOUD, FL. 34769

City/State and Zip Code

NathalyInsures@outlook.com

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

For further information concerning this matter, please call:

NATHALLY VENTURA

Name of Person

407 508-1403

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2024

NATHALLY VENTURA
4417 13TH ST 525
ST CLOUD, FL 34769

SUBJECT: HEALTH PRO SOLUTIONS L L C
Ref. Number: L24000075483

We have received your document for HEALTH PRO SOLUTIONS L L C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

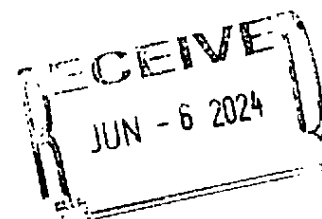
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White
Regulatory Specialist III

Letter Number: 824A00009773



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

HEALTH PRO SOLUTIONS L.L.C.

(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 02/12/2024 and assigned Florida document number 1.24000075483.

This amendment is submitted to amend the following:

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

Personalized Insurance Solutions L.L.C.

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)

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.

