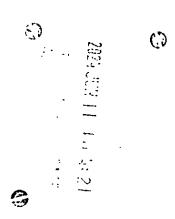
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

Division of Corporations

TO:

	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATHALLY VENTURA		
		Name of Person	
	HEALTH PRO SOLUTIO	NS L.L.C	
		Firm/Company	
	4417 13TH STREET , 525	5	
		Address	
	SAINT CLOUD, FL 3476	9	
		City/State and Zip Code	
	NathalyInsures@outlook.ec		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
NATHALLY VENTURA	A	407 508-1403 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration 5	Section	<u>Street Address:</u> Registration Se	etion
Division of C		Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	Fallahassee e Street, Suite 810

Tallahassee, FL 32303



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 (A Florida Limited Liability Con	appears on our records.) ipany)	
The Articles of Organization for this Limited Liability Company were filed	on <u>02/12/2024</u>	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 comp	any 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 abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	3)	Z C
		2024
Enter new mailing address, if applicable:		`
Mailing address MAY BE A POST OFFICE BOX)		
Maning undress SIAT BE A FOST OFFICE BOAY		Meant.
		
B. If amending the registered agent and/or registered office address on	our records onton the name	
agent and/or the new registered office address here:	our records, enter the name	of the new regist
Name of New Registered Agent:		
		_
New Registered Office Address:		

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.

Cinv

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>	Address	Type of Action
P	NATHALLY VENTURA	4417 13TH STREET , 525	□Add
		SAINT CLOUD, FL 34769	_
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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	date, if other that we date is listed, the da	ite must be specifie	c and cannot be prior	r to date of filing or m	option (option)	iling) Pursuant to 605 (1201
i effecti		his block does n	not meet the applic	cable statutory filing	g requirements, this	date will not be liste	d as
reffecti <u>te:</u> If t	the date inserted in the seffective date on	the Department					
te: If t ument cord sp	the date inscried in the seffective date on pecifies a delayed ef		not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after	the
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n effecti te: If t cument cord sp is filed.	the date inscried in the self-ective date on pecifies a delayed ef	fective date, but	2024	ime, at 12:01 a.m. o		The 90th day after	the