

L24000086488

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06/20/24  
KIT

2024 JUN 11 PM 11:22

New Port Richey/FLORIDA/34655

benavidezwilber@gmail.com

For further information concerning this matter, please call:

at (516) 474-9010

Wilber Benavidez

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified  
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(additional copy is enclosed) Certified Copy  
(additional copy is enclosed)

**Mailing Address: Street Address:**

Registration Section Registration Section

Division of Corporations Division of Corporations P.O. Box 6327 The Centre of  
Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL  
32303

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

**(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 and assigned Florida document number

This amendment is submitted to amend the following:

**A. If amending name, Universal Health Solution 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:**

**10940 STRADA LANE APT 304 TRINITY, FLORIDA, 34655)**

**Enter new mailing address, if applicable:**

**10940 STRADA LANE APT 304 TRINITY, FLORIDA, 34655)**

**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:

10940 STRADA LANE APT 304 TRINITY, FLORIDA

Florida

**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

**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**

**Title Name Address Type of Action** ☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

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U.S. DEPT. OF JUSTICE  
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**E. Effective date, if other than the date of filing: (06/04/2024)** (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 , .

A handwritten signature in black ink, appearing to read "Wilber Benavidez", with a stylized flourish at the end.

Signature of a member or authorized representative of a member

WILBER BENAVIDEZ

**Filing Fee: \$25.00**

11/11/2022  
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11/11/2022  
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