L24000520335

(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:

Document signed & received via email on 3-13-25 (mm)

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01/16/25--01016--003 **25.00

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2025 MAR 13 PM 5:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2nd Attempt

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2025

LUIS E. ARIAS
SAFE SHIELD HEALTH ADVISORS LLC
3760 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065 US

SUBJECT: SAFE SHIELD HEALTH ADVISORS LLC
Ref. Number: L24000520335

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6050.

Mary C Malone
Amendment Section

Letter Number: 925A00004976

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2025

LUIS E. ARIAS
17140 SW 76 AVE
PALMETTO BAY, FL 33157 US

SUBJECT: SAFE SHIELD HEALTH ADVISORS LLC
Ref. Number: L24000520335

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6050.

Mary C Malone
Amendment Section

Letter Number: 325A00003844

RECEIVED
MAR - 6 2025

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SAFE SHIELD HEALTH ADVISORS 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:

Luis Arias
Name of Person

Firm/Company

17140 sw 76 ave
Address

Palmetto Bay, FL 33157
City/State and Zip Code

LArias@safeshieldhealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Arias at (305) 338-6769
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

Safe Shield Health Advisors 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 12/16/2024 and assigned Florida document number L24000520335.

This amendment is submitted to amend the following:

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

Safe Shield Health 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)

5420 nw 33rd Ave
Fort Lauderdale, FL 33309
Suite #11 & #12

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5420 nw 33rd Ave
Fort Lauderdale, FL 33309
Suite #11 & #12

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: 5420 nw 33rd Ave
Enter Florida street address

Fort Lauderdale, **Florida** 33309
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

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
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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

E. Effective date, if other than the date of filing: _____ (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 March 4, 2025

Signature of a member or authorized representative of a member

Luis Arias

Typed or printed name of signee

FILED
2025 MAR 13 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00