

1/17/25, 3:36 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L25000021338

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000021338 3)))



H250000213383ABCY

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GENERAL SOLUTIONS INC
Account Number : I20140000086
Phone : (305)255-3310
Fax Number : (305)255-3320

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEPENDABLE HEALTH INSURANCE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

JAN 21 2025

H250000213383
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

DEPENDABLE HEALTH INSURANCE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)
 (A Florida Limited Liability Company)

FILED
 2025 JAN 17 AM 9:36
 CLERK OF THE CIRCUIT COURT
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/14/2025 and assigned
 Florida document number L25000025064.

This amendment is submitted to amend the following:

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

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)

5687 OPAL DRIVE

WESTLAKE

FL 33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5687 OPAL DRIVE

WESTLAKE, FL 33470

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:

5687 OPAL DRIVE

Enter Florida street address

WESTLAKE

Florida 33470

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.

Amarilys a Avalo Rodriguez

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MBR	AMARILYS A AVALO RODRIGI	5687 OPAL DRIVE	☐ Add
		WESTLAKE, FL 33470	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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U.S. DEPT. OF JUSTICE

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

FILED
2025 JAN 17 AM 9:36
CLERK OF DISTRICT COURT
ATLANTA, GA

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 JANUARY 17 2025

Amarilys a Avalo Rodriguez

Signature of a member or authorized representative of a member

AMARILYS A AVALO RODRIGUEZ

Typed or printed name of signee

Filing Fee: \$25.00