

MA21000016594

(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:

J. HORNE

AUG - 4 2025

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2025 AUG - 4 7:11:09

2025 AUG - 4 PM 2:15

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/04/2025

Acc#120160000072

W: C DW

Name:	OneDigital Medicare Services LLC
Document #:	
Order #:	16407818

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☐	Email Address for Annual Report Notifications:
	Plain: ☒	
	COGS: ☐	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ONEDIGITAL MEDICARE SERVICES LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

300 Galleria Parkway, Suite 1700

Atlanta, GA. 30339

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

300 Galleria Parkway, Suite 1100

Atlanta, GA. 30339

2. The Florida document number of this limited liability company is: M21000016594

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/08/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chuck Ristau	300 Galleria Parkway, Suite 1700	☐ Add
		Atlanta, GA, 30339	☒ Update
			☐ Remove
MGR	Adam Bruckman	300 Galleria Parkway, Suite 1700	☐ Add
		Atlanta, GA, 30339	☒ Update
			☐ Remove
MGR	Michael Sullivan	300 Galleria Parkway, Suite 1700	☐ Add
		Atlanta, GA, 30339	☒ Update
			☐ Remove
MGR	Stanley Bukowski	300 Galleria Parkway, Suite 1700	☐ Add
		Atlanta, GA, 30339	☒ Update
			☐ Remove
			☐ Add
			☐ Update
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Chuck Ristau

Signature of the authorized representative

Chuck Ristau

Typed or printed name of signee

Filing Fee: \$25.00