

L06000097519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SEP 14 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 11 PM 12:21

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S & S MEDICARE MARKETING L.L.C.
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:

DONATO SANTONE

Name of Person

S & S MEDICARE MARKETING L.L.C.

Firm/Company

3152 LITTLE ROAD PMB 406

Address

NEW PORT RICHEY FLORIDA 34655

City/State and Zip Code

ds24258@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donato Santone

Name of Person

at (727)

992-4258

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

S & S MEDICARE MARKETING L.L.C.

(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 10/04/2006 and assigned
Florida document number L06000097519.

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 end with 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)

9831 CONSERVATION DRIVE
NEW PORT RICHEY
FLORIDA 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3152 LITTLE ROAD PMB 406
NEW PORT RICHEY
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:

DONATO SANTONE

New Registered Office Address:

9831 CONSERVATION DRIVE

Enter Florida street address

NEW PORT RICHEY

Florida

34655

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBERT G. STEVENS	10134 BALCONY STREET NEW PORT RICHEY FLORIDA 34655	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARYANN STEVENS	3152 LITTLE ROAD PMB 406 NEW PORT RICHEY FLORIDA 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

PLEASE CHANGE DONATO SANTONE FROM MGR TO MGRM

Dated 09-09-2009

Signature of a member or authorized representative of a member

DONATO SANTONE

Typed or printed name of signee