

L0706006259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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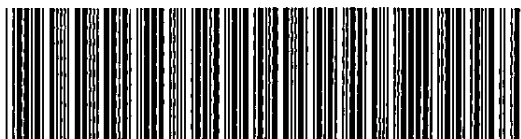
(Business Entity Name)

(Document Number)

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2008 OCT 30 P 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 31 2008

EXAMINER

MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

intuit

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005  
E-mail: info@mycorporation.com

October 13, 2008

Florida Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Amendment: REAL TIME HEALTH QUOTES LLC**

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check for \$25.00 as the appropriate filing fee.

Please return all final documentation to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings  
My Corporation Business Services, Inc.  
21215 Burbank Blvd. Suite 400  
Woodland Hills, CA 91367

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO  
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: REAL TIME HEALTH QUOTES 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:

Post Formation Filings  
(Name of Person)

MyCorporation  
(Firm/Company)

21215 Burbank Blvd. Suite 400  
(Address)

Woodland Hills, CA 91367  
(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations at ( 818 ) 879-9079  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**REAL TIME HEALTH QUOTES 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 01/03/2007 and assigned  
Florida document number L07000001259

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."

**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:

(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 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         | Frederick P Cardinale | 14003 N Dale Mabry Hwy<br>Tampa, Florida 33618          | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Mark MacFawn          | 1511 San Marco Dr., #108<br>Ormond Beach, Florida 32174 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Article II of the Articles of Organization is being amended and shall read as follows:

Article II- Address

The mailing address and street address of the principal office of the Limited Liability Company is:

19904 Bluff Oak Blvd., Tampa, Florida 33618

Dated October 17, 2008

Signature of a member or authorized representative of a member

Joel Ohman, MGRM

Typed or printed name of signee

FILED  
2008 OCT 30 P 12 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA