

LO9000049228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

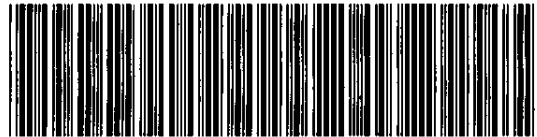
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV -2 PM 12:19

T. HAMPTON

NOV - 3 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MODIFICATION -- THE RIGHT CHOICE, 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:

MYRTHA NOEL

Name of Person

PARALEGAL SERVICES

Firm/Company

498 PALM SPRINGS DRIVE, SUITE 100

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

primah63@cfl.rr.com

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

For further information concerning this matter, please call:

MYRTHA NOEL

Name of Person

at ( 407 ) 692-3358

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

**MODIFICATION -- THE RIGHT CHOICE, LLC**

Page 1 of 2

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

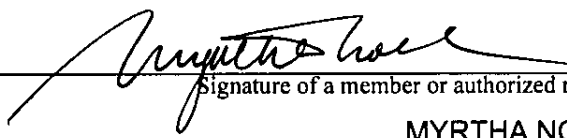
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 DIVISION OF CORPORATIONS  
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Dated OCTOBER 26, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 MYRTHA NOEL  
 \_\_\_\_\_  
 Typed or printed name of signee