

L10000016841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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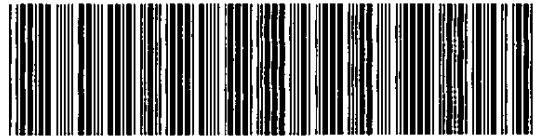
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 12 AM 11:28

T. HAMPTON

MAY 13 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MED-CHOICE R&R 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:

GIL ADORNO

Name of Person

EZ-CHEK DIABETIC SUPPORT PROGRAM

Firm/Company

6601 MEMORIAL Highway #230

Address

TAMPA, FL. 33615

City/State and Zip Code

GADORNO@EZ-CHEK.COM

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

For further information concerning this matter, please call:

GIL ADORNO

Name of Person

at 813, 956-4745

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**

MED-CHOICE R&R 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 FEB. 12, 2010 and assigned  
Florida document number L10000016841

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 12 AM 11:20

This amendment is submitted to amend the following:

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

EZ-CHEK DIABETIC SUPPORT PROGRAM, LLC

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)

6601 MEMORIAL HIGHWAY #230  
TAMPA, FL. 33615

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6601 MEMORIAL HIGHWAY #230  
TAMPA, FL. 33615

**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:

GIL ADORNO

New Registered Office Address:

6601 MEMORIAL HIGHWAY #230

Enter Florida street address

TAMPA

City

Florida

33615

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

Title	Name	Address	Type of Action
MGRM	ROBERTO E. TOLENTINO		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GIL ADORNO	6601 MEMORIAL HWY. #230 TAMPA, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CARLOS CARRASQUILLO	6601 MEMORIAL HWY. #230 TAMPA, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ROBERTO E. TOLENTINO	6601 MEMORIAL HWY. #230 TAMPA, FL 33615	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MAY 3, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
GIL ADORNO  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 12 AM 11:28