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☐ PICK-UP	☐ WAIT	MAIL
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M. MILLIGAN EXAMINER

MAY -6 2015

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
	LUTIONS INSURANC	E AGENCY LLC.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	ROBERT A. PASCA	L - REGISTERED AGENT	
		Name of Person	
	ROBERT A. PASCA	L, P.A.	<u>.</u>
		Firm/Company	
	300 SOUTH AVENU		
		Address	
	FORT LAUDERDAL	·	
	FARSR@COMCAST	City/State and Zip Code	
	-	to be used for future annual report notif	fication)
For further information cor	ncerning this matter, please ca	all:	
ROBERT A. PASCA	AL, ESQ.	954 5224090	
Name of I	Person	Area Code Daytime	e 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)
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## MEDI-SOLUTIONS INSURANCE AGENCY 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 05/26/2011 and assigned
Florida document number 111000062339	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5639 SE Crooked Oak Ave
(Principal office address MUST BE A STREET ADDRESS)	HOBE SOUND, FL. 33445
	FOOD OF Constitut Only Ave
Enter new mailing address, if applicable:	5639 SE Crooked Oak Ave
(Mailing address MAY BE A POST OFFICE BOX)	HOBE SOUND, FL. 33445
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the no
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
Now registered office readess.	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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANK REILLY, JR	8036 DOUBLE TREE DRIVE	<b>A</b> dd
		HOBE SOUND, FL. 33445	□ Remove
MGR	FRANK A. REILLY, SR	665 SW Yacht Basin Way	
		STUART, FL. 34997	■ Remove
MGR.	LARRY MIKOLAJCIK	1255 MAIN STREET	
	GREENSBURG, PA. 15601	■ Remove	
			□ Fremove
			Refigve
			□ Add
			Remove

If amending any other	er information, enter change(s) here: (Atta	sch additional sheets, if necessary.)
The effective date must be	er than the date of filing: specific, cannot be prior to date of receipt or filed date a siled by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated April 21	2015	
	Linx Koll	25)
	Signature of a plember or authorized rep	/
	ERANK A. REILLY,	, <del>&gt;17</del> .

Page 3 of 3

Filing Fee: \$25.00

THE PROPERTY OF SHAPE