

LI 000089522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

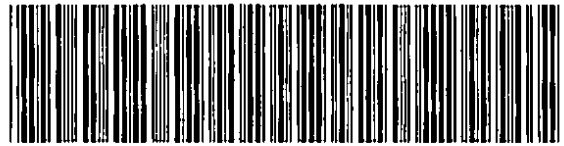
(Document Number)

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02/26/20--01021--021 **55.00

R WHITE
MAR 30 2020

2020 MAR 27 11:19:19

02/24/2020

TO: FI Dept of State, Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FROM: Mary-Beth C. Zipsir, CIC Managing Member
Atlantic Insurance Services, LLC
506 SW Federal Highway Suite #102
Stuart, FL 34994

To Whom It May Concern,

Enclosed you will find the required Florida Corporation Amendment Form along with a check for \$55.00 filing and certificate fee.

I wish to amend the corporation name for document # L11000089522 for Atlantic Insurance Services LLC to *Atlantic Senior Health Insurance Services, LLC dba Medicare Made Easy* effective 3/31/2020.

There is a new mailing address but no change in registered agent or any other item.

Let me know if you need any further documentation,

Mary-Beth C. Zipsir, CIC Managing Member

02/24/2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2020

MARY-BETH C. ZIPSIR
506 SW FEDERAL HWY STE #102
STUART, FL 34994

SUBJECT: ATLANTIC INSURANCE SERVICES LLC
Ref. Number: L11000089522

😊
Please
see
attached.
Thank
you,
Mrs Zipsir
772-
214-
0099

We have received your document for ATLANTIC INSURANCE SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00005863

2020 MAR 27 PM 3:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC INSURANCE SERVICES 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:

MARY-BETH C. ZIPSIR, MANAGING MEMBER

Name of Person

Firm/Company

506 SW FEDERAL HIGHWAY SUITE #102

Address

STUART, FLORIDA 34994

City/State and Zip Code

MB@MEDICAREMADEEASY.BIZ

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

For further information concerning this matter, please call:

MARY-BETH C. ZIPSIR

772 214-0099
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2011.01.27 PM 9:19

ATLANTIC INSURANCE ADVISORS 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 09/01/2011 and assigned
Florida document number L11000089522.

This amendment is submitted to amend the following:

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

ATLANTIC SENIOR HEALTH INSURANCE SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4101 SW EGRET POND TERRACE

(Principal office address MUST BE A STREET ADDRESS)

PALM CITY, FL

34990

Enter new mailing address, if applicable:

SAME AS ABOVE

(Mailing address MAY BE A POST OFFICE BOX)

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 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

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

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2/24/2020, _____

Mary Beth C. Zipsin, CIC Managing Member
Signature of a member or authorized representative of a member

MARY-BETH C. ZIPSIR, CIC
Typed or printed name of signee

Filing Fee: \$25.00