

L12000011620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300260142223

05/22/14--01001--013 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
2014 MAY 21 PM 4:54  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

MAY 22 2014

T CLINE

FILED  
2014 MAY 21 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Bassett Consulting, LLC**  
"Specializing in Regulatory Compliance & Registration"



May 19, 2014

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

**RE: Add Manager for People's Choice Assistance, LLC**  
**Document #: L12000011620**

To Whom It May Concern:

Our company represents our client **People's Choice Assistance, LLC**, in matters of state regulatory compliance. Our client has requested that **Matthew Thomas** be added as a manager.

This request comes through us from **Mark Ebohimen, Managing Member** for the company. Our company appreciates your expeditious service and assistance in this regard. You may also contact me directly if you have any questions in this regard.

Sincerely,

Bill Bassett  
Senior Regulatory Consultant &  
Director of Marketing & Development  
Email: Bill@ConsultBassett.com  
Fax: (850) 926-3155

2014 MAY 21 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: People's Choice Assistance, 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:

Bill Bassett

Name of Person

Bassett Consulting, LLC

Firm/Company

52 Bunting Drive

Address

Crawfordville, FL 32327

City/State and Zip Code

staff@consult+bassett.com

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

For further information concerning this matter, please call:

Bill Bassett

Name of Person

at ( 850 )

Area Code

920-8811

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

2014 MAY 21 AM 9:57  
CLERK OF STATE  
TALLAHASSEE, FL 32301

FILED

People's Choice Assistance, LLC

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew Thomas	9318 East Colonial Drive, Ste A14, Orlando, FL 32817	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 MAY 21 PM 5:57  
CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FLORIDA

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

---

---

---


---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 20<sup>th</sup>, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MARK Ebrehimer  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2014 MAY 21 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA