

L12000011620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

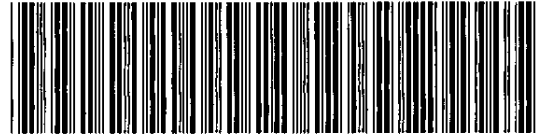
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
14 JUL 21 08 45

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14 JUL 21 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 22 2014

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



July 9, 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 removed as a manager.

This request comes through us from **Mark Ebohlmen, 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

## 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@consultbassett.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) 920-8811

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**

People's Choice Assistance 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 01/24/2012 and assigned Florida document number L12000011620.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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**

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

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

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14 JUL 21 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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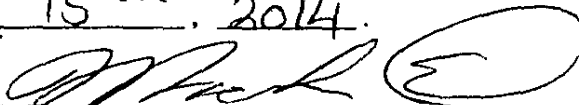
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

July 15<sup>th</sup>, 2014.



Signature of a member or authorized representative of a member

MARK Ebhohimen

Typed or printed name of signee