

L13000068897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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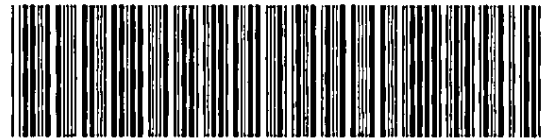
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Sales Recruiting Team LLC [MSRT 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:

Calvin Snee
Name of Person

Coverage Medical / MSRT LLC
Firm/Company

13194 U.S. HWY 301 S, SEE 177
Address

Riverview, FL 33578
City/State and Zip Code

calvin@coveragemedical.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calvin Snee at (803) 404 9746
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MSRT L.L.C.

(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 5-9-2013 and assigned Florida document number L13000068097.

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 contain 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)

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:

Calvin Snee

New Registered Office Address:

13194 US HWY 301 S ; See 177

Enter Florida street address

Riverview

City


Florida

33579

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Jacobs Snee	11505 Lake Lucaya Dr.	<input type="checkbox"/> Add
		Riverview FL 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Calvin Snee	1548 Whistlers Chase CT	<input type="checkbox"/> Add
		Fort Mill SC 29715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change



Year	1960	1961	1962	1963	1964
1960	10	10	10	10	10
1961	10	10	10	10	10
1962	10	10	10	10	10
1963	10	10	10	10	10
1964	10	10	10	10	10

December 1st 2019

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Dated _____, _____

Signature of a member of the

Signature of a member or authorized representative of a member

Tarab Snee

Typed or printed name of signee