L13000099547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 11 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MEDICAID PLANNING & RESOURCE CENTER 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:

RHONDA STELLER
Name of Person

MEDICAID PLANNING & RESOURCE CENTER
Firm/Company

624 SO. 14 STREET
Address

LEESBURG, FL 34748
City/State and Zip Code

rsteller07@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda D. Steller at (352 418-1011
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2013

RHONDA STELLER
624 SO. 14 STREET
LEESBURG, FL 34748

SUBJECT: MEDICAID PLANNING AND RESOURCE CENTER, LLC
Ref. Number: L13000099547

We have received your document for MEDICAID PLANNING AND RESOURCE CENTER, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00019519

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2013 SEP 11 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDICAID PLANNING & RESOURCE CENTER, 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 JULY 15, 2013 and assigned Florida document number L13000099547.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

624 SO. 14 STREET
LEESBURG, FL 34748

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

624 SO. 14 STREET
LEESBURG, FL 34748

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: CHARLES MILLER, ESQ.

New Registered Office Address: 1410 EMERSON ST
Enter Florida street address

LEESBURG, **Florida** 34748
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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	RHONDA STELLER	624 SO. 14 STREET	☑ Add
		LEESBURG, FL 34748	☐ Remove
MGR	MICHAEL C. NORVELL	1410 EMERSON ST	☐ Add
		LEESBURG, FL 34748	☑ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated AUGUST 9, 2013.

Signature of a member or authorized representative of a member

RHONDA STELLER

Typed or printed name of signee

Filing Fee: $25.00

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TALLAHASSEE, FLORIDA