

L13000099547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

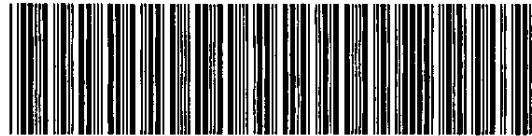
(Business Entity Name)

(Document Number)

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2013 SEP 11 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan 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

Name of Person

at (352) 418-1011

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

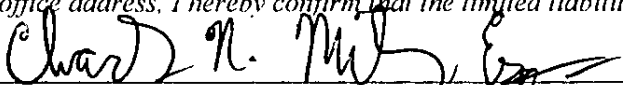
*City*

Florida 34748

*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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|--------------------|--------------------|--------------------------------------------|
| MGRM         | RHONDA STELLER     | 624 SO. 14 STREET  | <input checked="" type="checkbox"/> Add    |
|              |                    | LEESBURG, FL 34748 | <input type="checkbox"/> Remove            |
| MGR          | MICHAEL C. NORVELL | 1410 EMERSON ST    | <input type="checkbox"/> Add               |
|              |                    | LEESBURG, FL 34748 | <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"/> Add               |
|              |                    |                    | <input type="checkbox"/> Remove            |

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

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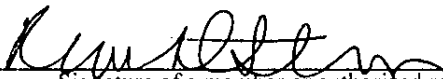
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Dated AUGUST 9, 2013.



Signature of a member or authorized representative of a member

RHONDA STELLER

Typed or printed name of signee

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Filing Fee: \$25.00

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