L17000045547

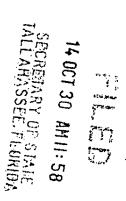
(Requestor's Name)
(Address)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
.,
(Business Entity Name)
(Dusiness Ellity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

: I Office Use Only



100265530491

100265530491 10/20/14--01019--014 **30.00



J. Shivers OCT 3 1 2014

1 (



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2014

michael norvell 624 so 14th st leesburg, FL 34748

SUBJECT: MEDICAID PLANNING & RESOURCE CENTER LAW FIRM, LLC

Ref. Number: L13000099547

We have received your document for MEDICAID PLANNING & RESOURCE CENTER LAW FIRM, 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):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00022641

COVER LETTER

Division of Cor		*	
MEDICA SUBJECT:	AID PLANNING & RESC	OURCE CENTER LAW FIR	M LLC
SCHOLET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MICHAEL C. NORV	ELL.	
		Name of Person	
	MEDICAID PLANNI	NG & RESOURCE CENTE	R LAW FIRM
		Firm/Company	
	624 SO. 14TH ST.		
		Address	
	LEESBURG, FL 347	748	
		City/State and Zip Code	
	mprclawyer@aol.cor		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
michael c. norvell		352 348-2265	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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

MEDICAID PLANNING & RESOURCES CENTER LAW FIRM 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	and assigned
Florida document number L13000099547		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
MEDICAID PLANNING & RESOURCE CENT	TER LAW FIRM PLLC	
The new name must be distinguishable and end with the words "L	limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	· .	
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		the name of the new
registered agent and/or the new registered office add	dress here:	
		~ 6 > 3 • 0
Name of New Registered Agent:		39 9 4
New Registered Office Address:	,	SA CO
	Enter Florida street address	
	, Florida	Zin Corlen
New Registered Agent's Signature, if changing Registere	ed Agent:	Zi Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete performance of my duties, and I am fa agent as provided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR	MICHAUL C. NORVOLL	P.A.	,⊠ Add
		1410 EMERSON ST. LEUSBURG, FL 34748	□ Remove
		LEUSBURG, FL 34748	
			Add
			Remove
			🗆 Add
			□ Remove
		A	_□ Add
		> = = = = = = = = = = = = = = = = = = =	SECURETARY OF
		. (以 (以 (以 (以 (以 (以 (以 (以 (以 (以 (以 (以 (以 (ARY OF ARE
		_21	Add 55
			Remove
			□ Add
			_□ Remove

	· 		
MEMBERSHIA	15 minitor	TO h	ICENSON FLOR
ATTORNOYS	ONLY OR F	LORIDA	LAW FIRMS
Ifective date, if other than the d	ate of filing:		(optional)
he effective date must be specific, cannot	be prior to date of receipt or filed	date and cannot be	more than 90 days after
he effective date must be specific, cannot he date this document is filed by the Flori	be prior to date of receipt or filed	date and cannot be	more than 90 days after
he effective date must be specific, cannot he date this document is filed by the Flori Dated OCTOBER 17	be prior to date of receipt or filed da Department of State)	date and cannot be	more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 OCT 30 AM II: 58