

L14 000003958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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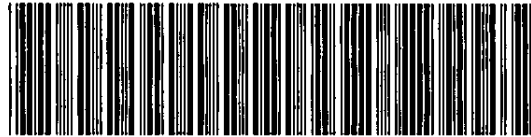
(Business Entity Name)

(Document Number)

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TOLSON 6707 27100

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T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunrise Medicaid Solutions, 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:

Douglas A. Peebles, Esq.

Name of Person

Peebles Law Firm, P.A.

Firm/Company

1201 6th Ave. W., Suite 505

Address

Bradenton, FL 34205

City/State and Zip Code

DAP@dpeebles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas A. Peebles, Esq.

at (

941

Area Code

742-6611

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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CLERK OF COURT
JAN 30 2014

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

Sunrise Medicaid Solutions, 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 1/8/14 and assigned
Florida document number L14000003958

This amendment is submitted to amend the following:

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

Premiere Medicaid, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 14489
BRADENTON FL 34280

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

City, Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Teresa W. Peebles	P.O. Box 14489	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34280	<input type="checkbox"/> Remove
AMBR	Teresa W. Peebles	603 84 th St. NW	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34209	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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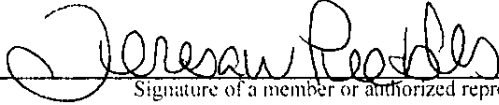
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CLERK

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

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 JAN 27, 2014 , _____



Signature of a member or authorized representative of a member

Teresa W. Peebles

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL 32310