

L14 000024255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

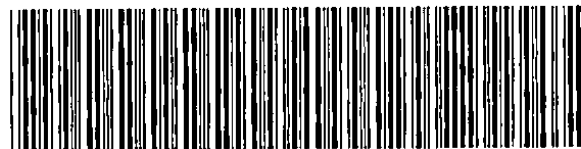
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800400516848

2023 JAN 30 PM 2:10
01/30/23--01006--017 **50.00

2023 JAN 30 PM 1:51
BUTLER, A.
JAN 30 2023

A. BUTLER

JAN 30 2023

TO: Registration Section
Division of Corporations

SUBJECT: MEDICARE & MORE CONSULTANTS GROUP 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:

GEORGE COLLINS BARTON

Name of Person

MEDICARE & MORE CONSULTANTS GROUP LLC

Firm/Company

PO BOX 1108

Address

EUSTIS, FL 32727

City/State and Zip Code

GBARTONINSURANCE@AOL.COM

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

For further information concerning this matter, please call:

GEORGE COLLINS BARTON

352

516-4176

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MEDICARE & MORE CONSULTANTS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JAN 30 PM 2:10

The Articles of Organization for this Limited Liability Company were filed on 02/10/2014 and assigned
Florida document number L14000024255.

This amendment is submitted to amend the following:

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

MEDICAL INSURANCE CONSULTANTS GROUP LLC

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:

GEORGE COLLINS BARTON

New Registered Office Address:

929 NORTHSORE DR

Enter Florida street address

EUSTIS

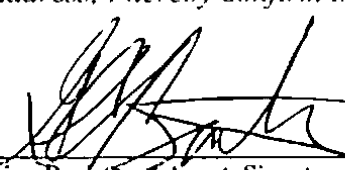
City

Florida 32726

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 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>
MGR	GEORGE COLLINS BARTON	929 NORTHSORE DR	<input type="checkbox"/> Add
		EUSTIS, FL 32726	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GERARD V BURDEN	601 MASTIC ST	<input type="checkbox"/> Add
		ISLAMORADA, FL 33036	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

1/30 2023

George Collins Barker

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member: George Collins Bartov
Typed or printed name of signer: George Collins Bartov

Typed or printed name of signee