

14000030103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 MAR 10 AM 11:12
CLERK OF COURT
JANUARY 10 2014

MAR 11 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Secure Care Enterprises, 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:

Steven A. Williamson

Name of Person

Secure Care Enterprises, LLC

Firm/Company

2630 West Bay Dr. Suite 104

Address

Belleair Bluffs, FL 33770

City/State and Zip Code

info@lowcostmedigap.com

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

For further information concerning this matter, please call:

Steven A. Williamson

Name of Person

at **(727) 596-6324**

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

FILED
2014 MAR 10 AM 11:12
TALLAHASSEE FLORIDA

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

Secure Care Enterprises, 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 02/21/2014 and assigned
Florida document number L14000030103.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Secure Care 65

P.O. Box 1060

Indian Rocks Beach, FL 33785

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

Florida

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 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>
MGR	Steven A. Williamson	2630 West Bay Dr	<input type="checkbox"/> Add
		Suite 104	<input checked="" type="checkbox"/> Remove
		Belleair Bluffs, FL 33770	
AMBR	Steven A. Willimason	2630 West Bay Dr	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Belleair Bluffs, FL 33770	
AMBR	Lucas A. Burton	2630 West Bay Dr	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Belleair Bluffs, FL 33770	
AMBR	C. Brian Winholtz	2630 West Bay Dr	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Belleair Bluffs, FL 33770	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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MIAMI-DADE COUNTY
FLORIDA

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

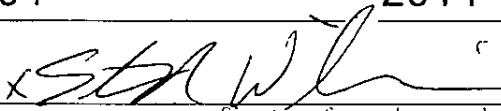
- This LLC was filed as Manager Managed unintentionally. -

Amendment filing is to acknowledge that the LLC is and
always was intended to be a Member Managed LLC.

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 03/04 2014



Signature of a member or authorized representative of a member

Steven A. Williamson, Member

Typed or printed name of signee

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Filing Fee: \$25.00

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DEPT. OF STATE
TALLAHASSEE FLORIDA