

L140000081915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

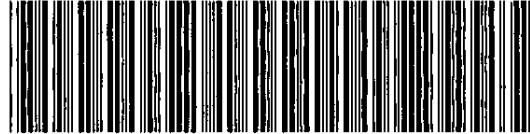
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900273600659

06/05/15--01032--011 \*\*25.00

FILED  
15 JUN 29 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 2 2015

AMPTL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marilyn Reid Medicare Planner

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Reid

Name of Person

Marilyn Reid Medicare Planner, LLC

Firm/Company

5009 San Rocco Ct.

Address

Punta Gorda, FL 33950

City/State and Zip Code

anchormarilyn1@yahoo.com

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

For further information concerning this matter, please call:

Marilyn Reid

941

206-6240

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUN 29 PM 3: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 8, 2015

MARILYN REID  
5009 SAN ROCCO CT  
PUNTA GORDA, FL 33950

SUBJECT: MARILYN REID MEDICARE PLANNER, LLC  
Ref. Number: L14000081915

We have received your document for MARILYN REID MEDICARE PLANNER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 715A00011979

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

**FILED**  
15 JUN 29 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Marilyn Reid Medicare Planner, 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 May 20, 2014 and assigned  
Florida document number L14000081915.

This amendment is submitted to amend the following:

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

M P Reid, 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)**

Buelow Financial Bldg.

21942 Edgewater Dr.

Port Charlotte, FL 33952

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5009 San Rocco Ct.

Punta Gorda, FL 33950

**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:

Marilyn Reid

New Registered Office Address:

21942 EDGEWATER DR

Enter Florida street address

PORT CHARLOTTE, Florida 33952

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**

**MGR = Manager**  
**AMBR = Authorized Member**

FILED  
15 JUN 29 AM 8:12  
Char Add Move  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
☐ Remove  
☐ Change

