## L14000081915

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SECRETARY OF STATE
SECRETARY SEE, FLORIDA

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## \* COVER LETTER

TO:		istration ision of (	Section Corporations		
SUBJ	ECT:	Marily	n Reid Medicare Pla	nner	
				Name of Limited Liab	pility Company
Dear S	Sir or N	∕ladam:			
The en	closed	d Stateme	ent of Correction and fee(s)	are submitted for filing	g.
Please	returr	all corre	spondence concerning this	matter to the following	g:
Mari	lyn F	Reid			
			Name of Person		<del>-</del>
Mari	lyn F	Reid Me	edicare Planner, LLC		
			Firm/Company		_
5009	9 Sar	Rocc	o Ct.		
			Address		<u></u>
Pun	ta Go	orda, F	L 33950		
		<del></del>	City/State and Zip Code	-	<del>-</del>
anch	orm	arilyn1	@yahoo.com		
I	E-mail	address:	(to be used for future annu-	al report notification)	
For fu	rther i	nformatio	on concerning this matter, p	lease call:	
Mari	lyn F	Reid		941	206-6240
		Nar	ne of Person	at ( Area Code	Daytime Telephone Number
Regist Division Clifton 2661 F	ration on of ( n Build Execut	Section Corporati	er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclos	sed is	a check	for the following amount:		
\$25	Filin <sub>t</sub>	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E	062 (2	2/14)			



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SECRETARY OF STATE FALLAHASSEE, 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

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." Buelow Financial Bldg. Enter new principal offices address, if applicable: 21942 Edgewater Dr. (Principal office address MUST BE A STREET ADDRESS) Port Charlotte, FL 33952 5009 San Rocco Ct. Enter new mailing address, if applicable: Punta Gorda, FL 33950 (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 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

Title Name Address Type of Action

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Filing Fee: \$25.00