

Division of Corporations

U600036201

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000214830 3)))



H160002148303ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MORRIS A. LECOMPTE, P.A.  
Account Number : 072100000461  
Phone : (727)896-1000  
Fax Number : (727)896-1009

16 AUG 29 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MLecomp@MALPA.net

2016 AUG 29 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MDR INSURANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 30 2016

S. YOUNG

08/29/2016 15:04 7278961009

Division of Corporations

MORRIS A LECOMPTE PA

PAGE 02/06

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SECRETARY OF STATE  
200 N. MARKET STREET  
HARRISBURG, PA 17103  
16 AUG 29 AM 9:00

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MDR Insurance, 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:

Morris A. LeCompte  
Name of Person

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Morris A. LeCompte, P.A.  
Firm/Company

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5245 Central Avenue  
Address

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St. Petersburg, FL 33710  
City/State and Zip Code

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MLecompte@MALPA.net  
E-mail address: (to be used for future annual report notification)

16 AUG 29 AM 9:00  
 RECEIVED BY STATE  
 TALLHASSEE, FLORIDA

For further information concerning this matter, please call:

Morris A. LeCompte at ( 727 ) 896-1000  
 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/COURIER ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDR Insurance, 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 2/22/2016 and assigned Florida document number L16000036209

This amendment is submitted to amend the following:

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

AnderCare Insurance, 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)

25 AUG 29 AM 9:00 RECEIVED BY MAIL ASSISTANT

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

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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
MGR	John C. Anderson	2560 Gulf to Bay Blvd.	<input checked="" type="checkbox"/> Add
		# 300	<input type="checkbox"/> Remove
		Clearwater, FL 33765	<input type="checkbox"/> Change
MGR	MDR Insurance Managers, Inc.	2560 Gulf to Bay Blvd.	<input type="checkbox"/> Add
		# 300	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33765	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

16 AUG 29 AM 9:00  
ST. CLAIR COUNTY  
TALLAHASSEE, FL 32309

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

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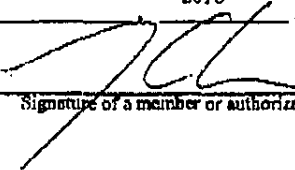
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16 AUG 29 AM 9:00  
 DEPARTMENT OF STATE  
 HALLMARK SECRETARIAT

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)(b)  
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 August 29 2016

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

John C. Anderson  
 \_\_\_\_\_  
 Typed or printed name of signer

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