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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

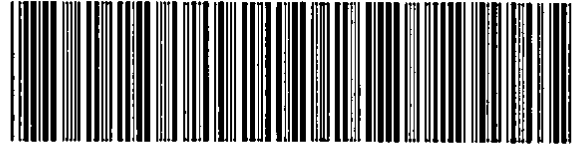
(Business Entity Name)

(Document Number)

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2019 MAY 10 A 1:32

FILED
TALLAHASSEE, FLORIDA

MAY 21 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medicare Nationwide Insurance Agency 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:

Jackson Lane Edwards IV

Name of Person

Medicare Nationwide Insurance Agency LLC

Firm/Company

5551 Jobeth Dr

Address

New Port Richey, FL 34652

City/State and Zip Code

jedwards@medicarenationwide.com

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

For further information concerning this matter, please call:

Jackson Lane Edwards IV

Name of Person

305 587-5921

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Medicare Nationwide Insurance Agency LLC

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

2016 MAY 10 A 1:32

The Articles of Organization for this Limited Liability Company were filed on 07/20/2016 and assigned Florida document number L16000136293.

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 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)

5551 Jobeth Dr

New Port Richey, FL 34652

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5551 Jobeth Dr

New Port Richey, FL 34652

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:

5551 Jobeth Dr

Enter Florida street address

New Port Richey

City

Florida 34652

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 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>
AMBR	Jackson Lane Edwards IV	5551 Jobeth Dr	<input checked="" type="checkbox"/> Add 
		New Port Richey, FL 34652	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Eric C Rosenberg	11 Lanark Road Ste 3	<input checked="" type="checkbox"/> Add
		Brookline, MA 02445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated May 8th 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jackson Lane Edwards IV

Typed or printed name of signee