

L170001790910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

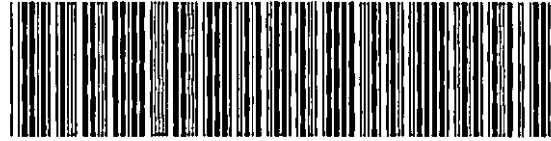
(Document Number)

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01/02/18--01023--012 \*\*25.00

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2018 JAN 25 A 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 26 2018

Attention: Dionne Pijaux

We spoke briefly the morning of 1/19/18,

On 12/22/17 I mailed in the amendatory form to change the name of my LLC in FL.

I was attempting to change the name from Digital Medicare Advisors to Advisor Management Group.

On 1/18/18 I called the FL division of corporations and was informed that they had rejected the name change because another corporation had the exact name.

I would now like to change the name to **Advisor Management Group 456 LLC**

I have already paid the \$25 filing fee. Looking at my bank statement the check was cashed on 1/5/18.

I did not receive the rejection letter as I am in Vermont for the winter and therefor I am unable to include it in this request.

Please send all correspondence to 20 West Canal St # 523 Winooski VT 05404 as I will not be back in FL for another 2 months.

If there are any questions my email is [seantkeefe@gmail.com](mailto:seantkeefe@gmail.com) and my cell is 802-555-6023

Thank you,



Sean T Keefe

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
JAN 25 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Digital Medicare Advisor  
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:

Sean T Keefe  
Name of Person

Digital Medicare Advisors  
Firm/Company

211 Berkeley LN #17  
Address

Fort Myers FL, 33907  
City/State and Zip Code

Sean + Keefe@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean T Keefe CEO at (802) 735-6555  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JAN 25 A 10:11

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↑  
'11 ready paid.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Digital Medicare Advisors 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 8/22/2017 at 8:00 am and assigned Florida document number L17000179090

This amendment is submitted to amend the following:

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

Advisor Management Group 456 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)

2111 Berkeley Ln, Suite 17  
Fort Myers FL, 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20 West Canal St #523  
Winooski, VT 05404

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:

Sean T Keefe

New Registered Office Address:

2111 Berkeley Ln Suite 17

Enter Florida street address

Fort Myers

Florida

33907

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.

2018 JAN 10 11  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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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	TOMAS POULIN	12130 Summergate	<input type="checkbox"/> Add
		CIRCLE, #201 Ft Myers	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABRIEL HINDS	12130 Summergate	<input type="checkbox"/> Add
		CIRCLE #201 Ft MYERS	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 JAN 29 A 10 11  
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TALLAHASSEE, FLORIDA

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

Sean T Keefe The current C.E.O. will  
be the only member on the LLC for  
Advisor Management Group I. LLC

On 12/22/17 I had sent this  
form & payment in ~~to~~ to change  
the name of the LLC from Digital  
Medicare Advisors to:

Advisor Management Group 456

was just recently informed that the change  
was rejected because there was already a company  
with this name.

We are submitting this info & would like the  
name to be Advisor Management Group 456

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

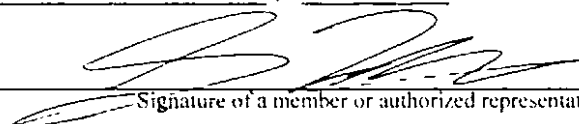
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

1/19/18



Signature of a member or authorized representative of a member

Sean T Keefe

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 25 A 10:11

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