

L18000065288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

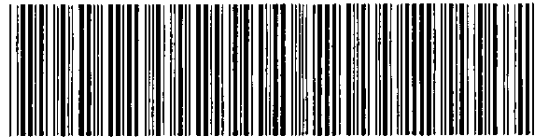
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100310853751

03/23/18--01003--001 \*\*25.00

FILED  
2018 MAR 23 AM 3:04  
TALLAHASSEE, FLORIDA

FILED  
2018 MAR 23 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
MAR 23 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIMPLY MEDICARE, LLC  
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:

CHRIS CARPINO

Name of Person

SIMPLY MEDICARE, LLC

Firm/Company

6328 GRAND BAHAMA CIR APT # E

Address

TAMPA, FL 33615

City/State and Zip Code

CHRIS.CARPINO@YAHOO.COM

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

For further information concerning this matter, please call:

CHRIS CARPINO

Name of Person

at ( 973 ) 715-9200

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

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: SIMPLY MEDICARE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000065288

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

EFFECTIVE DATE WAS ENTERED INCORRECTLY AS 4/23/18  
THE CORRECT EFFECTIVE DATE IS 3/23/18

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**



The electronic transmission of the record was defective.

[Signature]  
Signature of Authorized Representative

3/23/18  
Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee:                      \$25.00  
Certified Copy:                \$30.00 (optional)