

L18000105956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

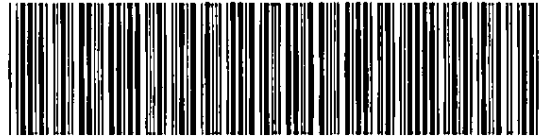
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100319790641

10/19/18--01010--027 *+25.00

2018 OCT 19 PM 3:24
CLERK OF SUPERIOR COURT
CLERK'S OFFICE

FILED

NO PRICE
OCT 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Health Plans 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:

John Czornyj
Name of Person
Senior Health Plans LLC
Firm/Company
2149 SE Ocean Blvd
Address
Stuart FL 34996
City/State and Zip Code
CS @ seniorhp.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Czornyj at (772) 301 9400
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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2010 OCT 19 PM 3:24

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Senior Health Plans 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 4/26/19 and assigned Florida document number 218000105956.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2019 OCT 19 PM 3:24
TALLAHASSEE, FLORIDA

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:

2149 SE Ocean Blvd
Enter Florida street address
Stuart Florida: 34996
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.

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	Checca, Matthew	One West Camino Real St 118	<input type="checkbox"/> Add
		Boca Raton FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wiedersum, Bryan	One West Camino Real St 118	<input type="checkbox"/> Add
		Boca Raton FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Katie, David	2149 SE Ocean Blvd	<input type="checkbox"/> Add
		Stuart FL 34996	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2010 OCT 19 PM 5:13
FBI - MIAMI
RECEIVED

2010 OCT 19 PM 3:04
STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS
RECEIVED

FILED
2018 OCT 19 PM 3:04
FBI - NEW YORK

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 10/16 2018

2018
Signature of a member or authorized representative of a n
John Gorny
Typed or printed name of signer

Typed or printed name of signee