

L18000147954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

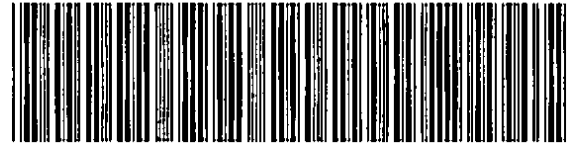
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

JAN 11 2022



400378305084

12.37.21--01023--006 \*\*25.00

2021 DEC 21 11  
OFFICE OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **YOUR MEDICARE ADVOCATES 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:

**LYNNE CLAUSEN**

Name of Person

**Your Health Insurance Advocates LLC**

Firm/Company

**16123 30TH COURT EAST**

Address

**PARRISH, FL 34219**

City/State and Zip Code

**LYNNECLAUSEN@GMAIL.COM**

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

For further information concerning this matter, please call:

**LYNNE CLAUSEN**

Name of Person

at ( **863** ) **588-1615**

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**YOUR MEDICARE ADVOCATES INSURANCE AGENCY LLC**

**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>
<b>MGR</b>	<b>LYNNE CLAUSEN</b>	<b>16123 30TH COURT EAST</b>	<input checked="" type="checkbox"/> Add
		<b>PARRISH, FL 34219</b>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<b>AMBR</b>	<b>SUE SMIGELSKY</b>	<b>23 JUNIPER PLACE</b>	<input checked="" type="checkbox"/> Add
		<b>HOWELL, NJ 07731</b>	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 **December 21**, **2021**

Signature of a member or authorized representative of a member

**LYNNE CLAUSEN**

Typed or printed name of signee

**Filing Fee: \$25.00**