

L18000200838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

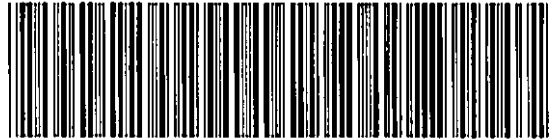
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT -5 PM 11:15
TALLAHASSEE, FLORIDA

OCT 16 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2018

PATRICK COLVIN
MY MEDICARE SOLUTIONS II
312 NE 14TH AVENUE UNIT 1
FORT LAUDERDALE, FL 33301

SUBJECT: MY MEDICARE SOLUTIONS II LLC
Ref. Number: L18000200838

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We have received your document for MY MEDICARE SOLUTIONS II LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

MC HEALTH SOLUTIONS INC - P17000003105

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 418A00019848

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18 OCT -5 AM 10:36
SEALING & FILING
E. F. 12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Medicare Solutions II LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK COLVIN
Name of Person

My Medicare Solution II
Firm/Company

312 NE 14th AVE UNIT 1
Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

MyMedicareSolutions@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK COLVIN at (754) 264-6244
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

My Medicare Solutions II LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

JMPC HEALTH SOLUTIONS LLC

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ONLY AMENDING THE NAME. Everything else
STAYS THE SAME.

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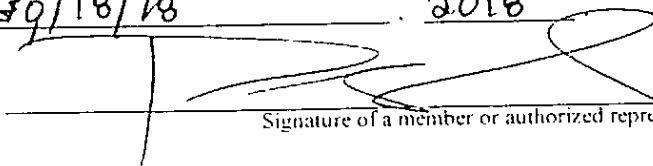
E. Effective date, if other than the date of filing: _____ (optional)

(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 9/18/18 . 2018



Signature of a member or authorized representative of a member

PATRICK COLVIN

Typed or printed name of signee