

L19000001871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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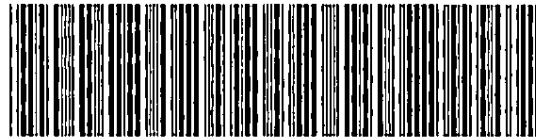
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 09 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLCARE HEALTH GROUP, 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:

NICOLE J. HUESMANN, ESQUIRE

Name of Person

NICOLE J. HUESMANN, P.A.

Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1150

Address

CORAL GABLES, FL 33134

City/State and Zip Code

NJHUESMANN@NJHLAW.COM

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

For further information concerning this matter, please call:

NICOLE HUESMANN

at (305) 858-0220

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

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

WELLCARE HEALTH GROUP, 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 01/03/2019 and assigned
Florida document number L19000001871.

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)

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:

Enter Florida street address

_____, **Florida**
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>
MGR	CARMEN SANZ	327 W LANTANA RD	<input type="checkbox"/> Add
		STE: WELLCARE	<input type="checkbox"/> Remove
		LANTANA, FL 33462	<input checked="" type="checkbox"/> Change
AMBR	VIKRAM TARUGU	327 W LANTANA RD	<input type="checkbox"/> Add
		STE: WELLCARE	<input checked="" type="checkbox"/> Remove
		LANTANA, FL 33462	<input type="checkbox"/> Change
AMBR	MUHAMMAD SYED	327 W LANTANA RD	<input type="checkbox"/> Add
		STE: WELLCARE	<input checked="" type="checkbox"/> Remove
		LANTANA, FL 33462	<input type="checkbox"/> Change
AMBR	HERIBERTO MARTINEZ	327 W LANTANA RD	<input type="checkbox"/> Add
		STE: WELLCARE	<input checked="" type="checkbox"/> Remove
		LANTANA, FL 33462	<input type="checkbox"/> Change
MGR	TALIB JABER	327 W. LANTANA RD	<input type="checkbox"/> Add
		STE: WELLCARE	<input type="checkbox"/> Remove
		LANTANA, FL 33462	<input checked="" type="checkbox"/> Change
	TALIB JABER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

'b) The 90th day after the record is filed.

Jan. 28, 2019

Calix Jaber
Signature of a member or

Signature of a member or authorized representative of a member

TALIB JABER

Typed or printed name of signee