

L1900000 2937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

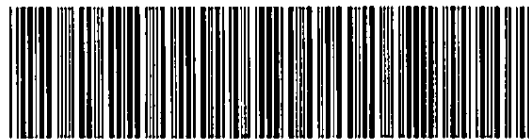
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MAR 22 2019

FILED  
19 MAR 11 AM 1:52  
U.S. DISTRICT COURT  
NORTH DAKOTA  
FARGO

*[Handwritten signature]*

**NICOLE J. HUESMANN, P.A.**

*Attorney at Law*

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150 Alhambra Circle, Suite 1150  
Coral Gables, Florida 33134  
Phone (305) 858-0220  
Fax (305) 854-6810  
[njhuesmann@njhlaw.com](mailto:njhuesmann@njhlaw.com)

March 7, 2019

**VIA REGULAR MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Articles of Amendment to Articles of Organization**

- 1. Wellcare Property Group, LLC**
- 2. Wellcare Holdings Group, LLC**
- 3. Wellcare Medical Group, LLC**

To Whom It May Concern:

Enclosed please find three (3) Articles of Amendment to Articles of Organization for the entities referenced above and check number 5556 in the amount of seventy-five dollars (\$75.00). The check amount is the sum of the fees for the each of the entities.

Please process the Articles of Amendment and confirm in writing. Should you have any questions, please do not hesitate to contact our office.

Very truly yours,



Nicole J. Huesmann

NJH/kg  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WELLCARE MEDICAL 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

305 858-0220  
at ( )

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 MEDICAL 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 L19000002937.

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

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee