

L19000053543

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(Business Entity Name)

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SECRETARY OF STATE

2019 JUL 15 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. GOLDEN  
JUL 15 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medicare Enrollment Center, 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:**

**Eric Bernstein**

Name of Person

Medicare Enrollment Center, LLC

Firm/Company

2831 W Cypress Creek Rd Suite 101

**Address**

Fort Lauderdale Fl, 33309

City/State and Zip Code

cbernstein56@gmail.com

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

**For further information concerning this matter, please call:**

Eric Bernstein at (954) 234-3675

Name of Person	Area Code	Daytime Telephone Number
Eric Bernstein	954	234-3675

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**

FILED  
2013 JUL 15 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Medicare Enrollment Center, 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 2/25/2019 and assigned  
Florida document number L19000053543.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Health Insurance Center, LLC

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)

2831 W Cypress Creek Rd

Suite 101

Fort Lauderdale FL 33309

**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>
_____	_____	_____	<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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

**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 \_\_\_\_\_, \_\_\_\_\_

Eric Bernstein

Typed or printed name of signee