

# L19000 122649

\_\_\_\_\_  
(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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05/20/19--01026--017 \*\*25.00

FILED  
2019 JUN 11 PM 12:05

Amend

JUN 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medcare, 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:

Michelle Unca  
Name of Person

Medcare, LLC  
Firm/Company

3900 Broadway Ave STE A1  
Address

Fort Myers, FL 33901  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michelle Unca at ( 786 ) 343-9289  
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

RECEIVED  
2019 MAY 29 AM 11:45  
RECEIVED  
MAY 17 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2019

MICHELLE UNCAL  
3900 BROADWAY AVE  
STE. A1  
FORT MYERS, FL 33901

SUBJECT: MEDCARE, LLC  
Ref. Number: L19000122649

We have received your document for MEDCARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 219A00011348



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2019

MEDCARE, LLC  
3900 BROADWAY AVE STE A1  
FORT MYERS, FL 33901

SUBJECT: MEDCARE, LLC  
Ref. Number: L19000122649

We have received your document for MEDCARE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6059.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 219A00011362

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Medcare, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2019 JUN 11 PM 12:05  
CLERK OF THE COURT  
JANUARY 11 2019

The Articles of Organization for this Limited Liability Company were filed on 05/06/19 and assigned  
Florida document number L19000122649.

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)

3900 Broadway Ave

STE A1

FORT MYERS, FL. 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3900 Broadway Ave.

STE A1

FORT MYERS, FL. 33901

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:

Horowitz & Co. P.A.

Enter Florida street address

Aspen Forest

City

Florida

33901

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	Michelle Uncal	11620 6w 12 Lane	<input type="checkbox"/> Add
		Cape Coral, Fl. 33991	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Luciana Polito	515 south 12 street	<input type="checkbox"/> Add
		New Hyde Park, NY 11040	<input checked="" 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.)

The address listed for Michelle Uncal  
needs to reflect:

1620 SW 12 lane, Cape Coral, FL. 33991.

Luciana Polito needs to be removed.

Thank you

\*\*\*Need to Add EIN # = 84-1747238

E. Effective date, if other than the date of filing: 5/8/19 (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)

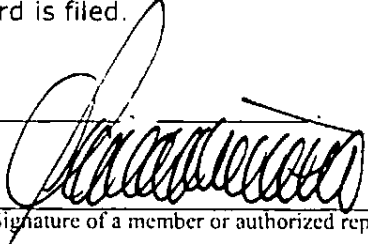
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/14/19

  
Signature of a member or authorized representative of a member

Michelle Uncal

Typed or printed name of signee