

L19 000 171 509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

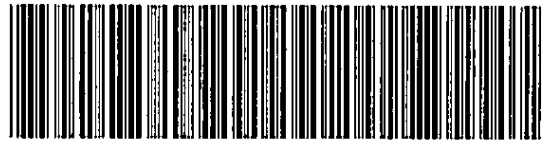
(Business Entity Name)

(Document Number)

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FILED
2021 JUL 16 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
N/C
Amend

DC
07-16-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2021

RICHARD DIXON
6220 DAWSON ST.
STE. 3
HOLLYWOOD, FL 33023

SUBJECT: AMERICAN MEDICARE SOLUTION LLC
Ref. Number: L19000171509

We have received your document for AMERICAN MEDICARE SOLUTION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 921A00016200

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN MEDICARE SOLUTION 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:

RICHARD DIXON

Name of Person

AMERICAN MEDICARE SOLUTION LLC

Firm/Company

6220 DAWSON STREET, SUITE 3

Address

HOLLYWOOD FL 33023

City/State and Zip Code

JAMDIX996@YAHOO.COM

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

For further information concerning this matter, please call:

RICHARD DIXON

at (863) 254-5639

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AMERICAN MEDICARE SOLUTION 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 JULY, 01, 2019 and assigned
Florida document number L19000171509

FILED
2021 JUL 16 4 PM 24 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

AMERICAN MEDICARE ADVISORS 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:

18425 NW 2ND AVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 404I

MIAMI GARDENS, FL 33169

Enter new mailing address, if applicable:

6220 DAWSON STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 3

HOLLYWOOD FL 33023

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

