

19000 265 623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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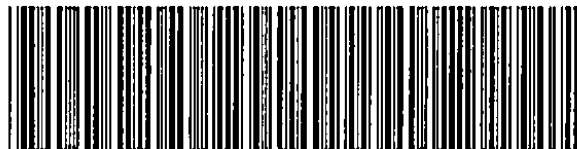
(Business Entity Name)

(Document Number)

ies _____ Certificates of Status _____

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12/12/19--01009--002 **25.00

FILED
CLERK OF COURT
DIVISION OF COURT REPORTING
2020 JAN 17 AM 10:00

N/C
Correction

1/21/20
DC

COVER LETTER

Registration Section
Division of Corporations

EFFECT: Medicare Advisors of America LLC
Name of Limited Liability Company

Sir or Madam:

enclosed Statement of Correction and fee(s) are submitted for filing.

I return all correspondence concerning this matter to the following:

Kristopher J. Cowles
Name of Person

Medicare Advisors of America LLC
Firm/Company

515 Cypress Cir
Address

Tegusta FL 33469
City/State and Zip Code

kriscowles@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Cowles at (904) 315 4500
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

it to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

The name of the limited liability company is: Medicare Advisors of America LLC

ID: The Florida Document number of the limited liability company is: L19000265623

Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The correct name of the LLC should be "Medicare Consultants of America LLC" AND have an effective date of 01/01/2020.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & AT
2020 JAN 17 AM 10:00

Signature of Authorized Representative

Date

ire of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign ng the designation).

Registered Agent's Signature, if changing Registered Agent:

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change.


Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)