Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

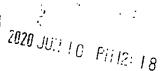
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDICARE RECIPIENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Help SIMMONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		10
Medicare Recipients LLC		
	hility Company as it now appears on our records.) rida Limited Liability Company)	· ·
(A rio	rida Emined Elabinty Company)	•
he Articles of Organization for this Limited Liability	y Company were filed on 05/26/2020	and assigned
lorida document number L20000140736		
orida document namoci	<del></del> ·	
his amendment is submitted to amend the following	:	
. If amending name, enter the new name of the l	imited liability company here:	
. If amending name, ener the new name of the i	minted trability company here.	
		1 11 12 11 03
the new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" o	r the abbreviation "L. L.C.
inter new principal offices address, if applicable:		·
Principal office address MUST_BE A STREET AD	DRESS)	
The part of the transfer of th		
		<del></del>
Inter new mailing address, if applicable:	<del></del>	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or re		enter the name of th
egistered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	idaZip Code
	City	zip Coae

## 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 = M $AMBR = A$	lanager authorized Member	2020 JU!! 10 PH 12: 18		
<u>Title</u>	Name	Address	Type of Action	
AMBR	mario georgatos	1327 lake erie drive		
		Lake Worth, FL 33461	☐ Remove	
			☐ Change	
			□ Add	
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	• • •
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot Note:  If the date inserted in this block does not meet the document's effective date on the Department of State's	(optional)  the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (or applicable statutory filing requirements, this date will not be listed as trecords.
he record specifies a delayed effective date, l The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated June 10 20	020
D 11 .	7.1

Page 3 of 3

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