

L21000052798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

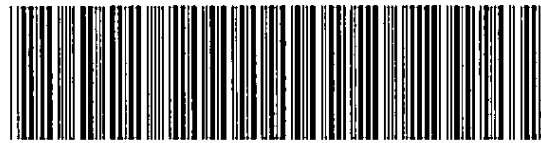
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Amend  
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ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medicare N' You 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:

Frank DiMola

\_\_\_\_\_  
Name of Person

DiMola Marketing LLC

\_\_\_\_\_  
Firm/Company

2200 West Commercial Blvd Suite 304

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33309

\_\_\_\_\_  
City/State and Zip Code

frankjd513@gmail.com

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

For further information concerning this matter, please call:

Frank DiMola

954 668-0435  
\_\_\_\_\_  
at ( ) \_\_\_\_\_  
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. M. ...  
Tallahassee, FL 32310



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 SEP 13 PM 1:06

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September 13, 2021

FRANK DIMOLA  
DIMOLA MARKETING LLC  
2200 WEST COMMERCIAL BLVD - STE. 304  
FORT LAUDERDALE, FL 33309

SUBJECT: MEDICARE 'N YOU LLC  
Ref. Number: L21000052798

We have received your document for MEDICARE 'N YOU 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 current name of the entity is as referenced above. Please correct your document accordingly.

The name and document number does not match.

The document must also contain the address of the ~~reg~~istered agent which must be at a Florida street address.

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 III

Letter Number: 921A00022033

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

Medicare N' You 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 01/29/2021 and assigned  
Florida document number L21000052798.

This amendment is submitted to amend the following:

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

I World Insurance 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)

**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:

DiMola Marketing LLC

New Registered Office Address:

2805 E Oakland park Blvd #349

*Enter Florida street address*

Fort Lauderdale

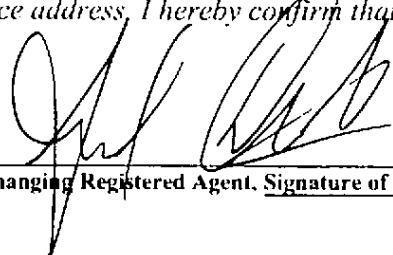
*City*

Florida 33306

*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



[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

October 26th

2021

Signature of a member or authorized representative of a member

Frank DiMola

Typed or printed name of signee