

L210000104932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

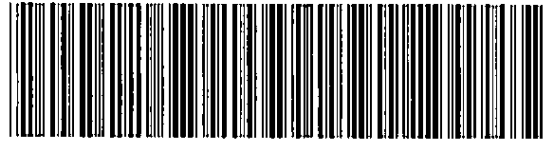
(Business Entity Name)

(Document Number)

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2021 AUG 12 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 AUG 12 PM 1:17

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICARE INSURANCE ASSOCIATES 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:

DEANNA AREVALO

Name of Person

Firm/Company

2425 CILL AVE

Address

PALATKA, FL. 32177

City/State and Zip Code

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

For further information concerning this matter, please call:

DEANNA AREVALO

Name of Person

at (407)

Area Code

496-8350

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MEDICARE INSURANCE ASSOCIATES LLC

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
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		_____	<input type="checkbox"/> Change

2021 AUG 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARIAT OF STATE
TALLAHASSEE, FL.
2021/JUN 12 PM 1:22

E. Effective date, if other than the date of filing: _____ (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

8-12-

21

Signature of a member or authorized representative of a member

DEAD WWA ANZEVATU

Typed or printed name of signer