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COVER LETTER

TO: Registration Section

Division of	Corporations		
	CARE CONSULTANT LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.	
Please return all com	respondence concerning this matte	er to the following:	
	MANUEL S POLANCO		
	·	Name of Person	
	US MEDICARE CONSU	JLTANTS LLC	
		Firm/Company	· 12
	5379 NW 60TH DR		2021 MAY 1
		Address	الله المقرق المارية ال
	CORAL SPRINGS, FL 3	3067	
	MONTES_SARAH@HO	City/State and Zip Code TMAIL.COM	70 2
	E-mail address:	(to be used for future annual report noti	fication)
For further informati	on concerning this matter, please	call:	
SARAH MONTES		305 610-9799 at ()	
Na	me of Person		e Telephone Number
Enclosed is a check t	for the following amount:		
□ \$25.00 Filing Fe	ee ☐ \$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)
	on Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
	ee, FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICARE CONSULTANT LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
the Articles of Organization for this Limited Liability Company were filed on shorida document number TRACKING # 900365719189.	5/8/2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
S MEDICARE CONSULTANTS LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2021 ***
rincipal office address MUST BE A STREET ADDRESS)	200 B 11
	G)
nter new mailing address, if applicable:	PH 2
Mailing address MAY BE A POST OFFICE BOX)	71 <u>-</u>
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Torida street address
Liner T	iorna sireo auaren
	Florida

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.

City

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>	Address	Type of Action
			Remove
			□Change
			Remove Control Contro
			☐ Remove
			□Add
			□Remove
			□Change
	4-1		
			□Remove
			Change
			□Add
			□Remove

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						<u></u>	2021	
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						(n 1) 11/13 111/13	b_	TF)
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	must be specif is block does	ic and cannot l not meet the	be prior to date applicable s	of filing or m	ore than 90 days g requirement	s after filing.) I	Pursuant to	605.020 listed a
record specifies a delayed efferis filed.	ective date, bu	t not an effe	ctive time, a	12:01 a.m. o	on the earlier o	of: (b) The	90th day	after the
MAY 8		2021						
μ	Jan 4 Pala	M CL) ~~			of a member			