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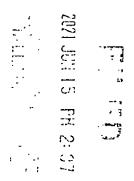
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MCCICCLE Divect  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:	
Jaclyn Smoke Name of Person	
Mediane Direct LCC	
16905 Pierre Cir.	
De Iray Beach, Ft 334(16) City/State and Zip Code Jax1012 CODI, Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  Tactyn Snote at (91), 510.8705	2021 JET
Name of Person Area Code Daytime Telephone Number	<del>\alphaalign*</del>
Enclosed is a check for the following amount:	The same
(additional copy is enclosed) Certified C	of Status &

**Mailing Address:** 

Registration Section Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medicare Direct

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 5127121	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS	2	<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ica address on our records, anter the number	a of the nav regist
gent and/or the new registered office address here:	ece address on our records, enter the name	· S
	Í	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	·	. on
	Enter Florida street address	
	: , Florida   · ·	59 ···*
	City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Deiray Brach, FL 3344	<b>\</b> □Remove
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