

K21000523141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICARE & HEALTH CONNECTION, 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:

JUDITH VELLA

Name of Person

Firm/Company

19217 Cedar Crest Ct #8E

Address

No Ft Myers FL 33903

City/State and Zip Code

jayvee698@yahoo.com

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

For further information concerning this matter, please call:

JUDITH VELLA

239

599-4926

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. Monroe Street, Suite 810
Tallahassee, FL 32303

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

MEDICARE & HEALTH CONNECTION, 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 12/21/2021 and assigned
Florida document number L21000523141.

This amendment is submitted to amend the following:

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

FIRST HEALTHCARE DIRECT, 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:

19217 Cedar Crest Ct #8E

(Principal office address MUST BE A STREET ADDRESS)

No Ft Myers, FL 33903

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:

JUDITH VELLA

New Registered Office Address:

19217 Cedar Crest Ct #8E

Enter Florida street address

No Ft Myers

City

Florida 22903

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

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>
MGR	JUDITH VELLA	19217 Cedar Crest Ct #8E	<input checked="" type="checkbox"/> Add
		No Ft Myers, FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUDITH VELLA	19217 Cedar Crest Ct #8E	<input checked="" type="checkbox"/> Add
		No Ft Myers FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I HAVE to change the name from the original name because Florida Department of Insurance will NOT

allow the word "MEDICARE" to be in the name of the LLC. I did not know that when I first applied for the
name and the LLC designation. That is why I need this name change.


E. Effective date, if other than the date of filing: January 1, 2022 **(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 January 14 2022



Signature of a member or authorized representative of a member

JUDITH VELLA

Typed or printed name of signee

Filing Fee: \$25.00