

M13000005947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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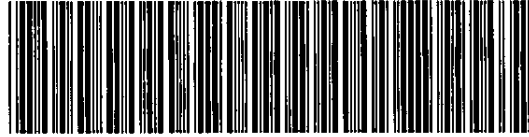
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 09 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MediNcrease, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Dysart, Esq.

Name of Person

MediNcrease, LLC

Firm/Company

5999 Central Avenue, Suite 401

Address

St. Petersburg, FL 33710

City/State and Zip Code

pdysart@medincrease.com

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

For further information concerning this matter, please call:

Patricia Dysart at (855) 369-3923 x 406
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MediNcrease, LLC M13000005947
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 09/19/2013

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: MediNcrease Health Plans, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
N/A
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Patricia Dysart
Signature of the authorized representative

Patricia Dysart
Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MEDINCREASE, LLC", CHANGING ITS NAME FROM "MEDINCREASE, LLC" TO "MEDINCREASE HEALTH PLANS, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF DECEMBER, A.D. 2014, AT 2:53 O'CLOCK P.M.

5394980 8100

141524381

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1953820

DATE: 12-12-14

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:08 PM 12/11/2014
FILED 02:53 PM 12/11/2014
SRV 141524381 - 5394980 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
MediNcrease, LLC**

FIRST: The name of the Limited Liability Company is MediNcrease, LLC

SECOND: The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

FIRST: The name of this Limited Liability Company is
MediNcrease Health Plans, LLC.

IN WITNESS WHEREOF, the membership has caused this certificate to be signed by
Patricia Dysart, an Authorized Person, this 10th day of
December, AD 2014.

SIGNED:

Patricia Dysart

NAME:

Patricia Dysart
Authorized Person