## M2000003272

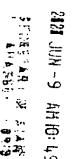
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## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

of MEDICARE ADVISOR LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of INDIANA

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

## MEDICARE IN MOTION LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LL.C.)

Signature Authorized Person

Thank you for your call today. I have verified that you will need to send tehe attached form with a \$25 fee because the form was not filed as part of tehe original qualification filed in March. If it had been, it would have been included in the filing fee. Because it is being filed subsequently, there is a \$25 fee for making this change from the original filing. A copy of the eletter that we discussed appears below for your reference.

Thank you.

, ·

Lee Rivers, Internet Support Section Florida Division of Corporations (850) 245-6939

Click here<https://dos.myflorida.com/sunbiz/document-processing-dates/> for= current processing dates.
May 14, 2020

CHARLES STEPHAN NESTEL 1160 E 58TH ST INDIANAPOLIS, IN 46220

SUBJECT: MEDICARE ADVISOR LLC Ref. Mumber: M20000003272

We have received your document for MEDICARE ADVISOR LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please resubmit with the filing fee of \$25.00 If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon

Senior Section Administrator Letter Number: 020A00009855

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Division of Corporations - P.O. BOW 6327 -Tallahassee, Florida
32314

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