## M2000003272

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cì	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<u>.</u>
,	,	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer		

Office Use Only

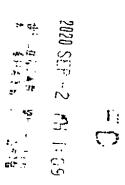


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F # 15 CAP # 128

SEP 2 2020 M. SOLOMO



## 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	e 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 compa	my hereby adopts the
following name to transact business in the state of Florida:	
Health Benefits Advisors LLC	
(Name to be used by limited liability company in Florida. NOTE: Name must contain Company, L.L.C., or LLC.)	Limited Liability
Molled	8/27/2020
Signature Authorized Person	Date