

L04000076244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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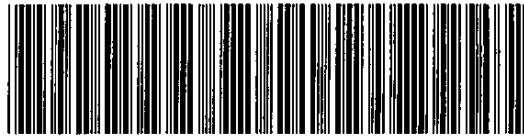
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN

JAN - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tamiami Medical Billing Services, 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:

Tiffany Walters-Rivas

(Name of Person)

Sockol & Associates, P.A.

(Firm/Company)

111 2nd Avenue NE, Suite 1401

(Address)

St. Petersburg, Florida 33701

(City/State and Zip Code)

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For further information concerning this matter, please call:

Tiffany Walters-Rivas at (727) 822-5200
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Tamiami Medical Billing Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/20/2004 and assigned
Florida document number L04000076244.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: CT Corporation System

New Registered Office Address: 1200 S. Pine Island Road
(Enter Florida street address)

Plantation, Florida 33324
(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	W.T. Lynch	395 Green Dolphin Cape Haze, Florida 33946 MGRM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mike Reischmann	1895 Irma Road Eustis, Florida 32726	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated _____

Daniel J. Sackel attorney
Signature of a member or authorized representative of a member

Daniel J. Sackel
Typed or printed name of signer