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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2014
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXPEDITED HEALTHCARE CLAIMS NETWORK, 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:

ALAN M. KNELLER
Name of Person

EXPEDITED HEALTHCARE CLAIMS NETWORK, LLC.
Firm/Company

1200 N. FEDERAL HWY., SUITE 211
Address

BOCA RATON, FL 33432
City/State and Zip Code

campi.doz@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN KNELLER at (561) 544-0122
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**

EXPEDITED HEALTHCARE CLAIMS NETWORK, 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 10/20/14 and assigned Florida document number L 14000163.495.

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."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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, CEO	ALAN M. KNELLER	401 N. OCEAN AVE, APT. D 608 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add Change <input type="checkbox"/> Remove
MGR	JCP HEALTHCARE MARKETING LLC.	8527 SW. 70TH. ST. TRENTON, FL 32693	<input checked="" type="checkbox"/> Add Same <input type="checkbox"/> Remove
MGR	FCL INTERNATIONAL HOLDINGS LLC.	P.O. BOX 248 BETHANIA, NC 27010	<input checked="" type="checkbox"/> Add Change <input type="checkbox"/> Remove
MGR	IRONWOOD MANAGEMENT LLC,	106 SHADOW BEND LA., CARY, N.C. 27518	<input checked="" type="checkbox"/> Add Change <input type="checkbox"/> Remove

SAME PEOPLE ON ORIGINAL FORMATION OF LLC. THE CHANGE IS THAT ALL 4 ARE GOING TO BE MGR (MANAGERS) I CHECKED ADD FOR ALL

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 5, 2014



Signature of a member or authorized representative of a member

ALAN M. KNEUER

Typed or printed name of signee

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Filing Fee: \$25.00