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COVER LETTER

SUBJECT:	S.A.M. MEL	DICAL BILLING SOLUTION	NS LLC			
order.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		SAMANTHA ALBERT				
			Name of Person			
		S.A.M. MEDICAL BILLE	NG SOLUTIONS, LLC			
			Firm/Company			
		1342 SW BAYSHORE BI	.VD			
			Address			
		PORT ST LUCIE FLORIE	DA 34983			
			City/State and Zip Code			
		SAM@SOUTHFLORIDAL	BILLING.COM			
		E-mail address: ()	to be used for future annual report notif	ication)	Š	
For further in	iformation co	neerning this matter, please ea	all:		8 I AOM 61	927 937
SAMANTH	A ALBERT		772 361-5297			8000 6000
	Name of	Person	Area Code Daytime	: Telephone Number	PH 7: 38	F STA
Enclosed is a	check for the	following amount:			38	STATE ORATIONS
□ \$25.00 F	iling 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 of Certified Copy (additional copy is enclose		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

S.A.M. MEDICAL BILLING SOLUTIONS, 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 $\frac{02/13/2019}{1}$ and assigned Florida document number 1.15000008893 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1342 SW BAYSHORE BLVD Enter new principal offices address, if applicable: PORT ST LUCIE FL 34983 (Principal office address MUST BE A STREET ADDRESS) 541 SW TODD AVE Enter new mailing address, if applicable: PORT ST LUCIE FL 34983 (Mailing address MAY BE A POST OFFICE BOX) 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: SAMANTHA ALBERT Name of New Registered Agent: 1342 SW BAYSHORE BLVD New Registered Office Address: Enter Florida street address PORT ST LUCIE

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
	CHARLES A SIMPSON	104 SE LONITA STREET	
<u></u>		STUART FL 34994	□ Add
			Remove
			Change
			🗅 Add
			□ Remove
			Change
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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I H.	AVE ATTACHED WRITTEN AGREEMENT TO DESOLVE ANY ATTACHMENT TO LLC
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	11/14/19
	date, if other than the date of filing: (optional)
<u>ite:</u> If t	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ted	OVEMBER 14 2019
	to a cille / de Or /

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00