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Amend

DEC 13 2019
D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S.A.M. MEDICAL BILLING SOLUTIONS 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:

SAMANTHA ALBERT

Name of Person

S.A.M. MEDICAL BILLING SOLUTIONS, LLC

Firm/Company

1342 SW BAYSHORE BLVD

Address

PORT ST LUCIE FLORIDA 34983

City/State and Zip Code

SAM@SOUTHFLORIDABILLING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMANTHA ALBERT

772 361-5297
at ()

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

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DIVISION OF CORPORATIONS

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

Page 1 of 3

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	<input type="checkbox"/> Add
		STUART FL 34994	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE REMOVE CHARLES A SIMPSON FROM ANY OWNERSHIP OF S.A.M. MEDICAL BILLING SOLUTIONS, LLC

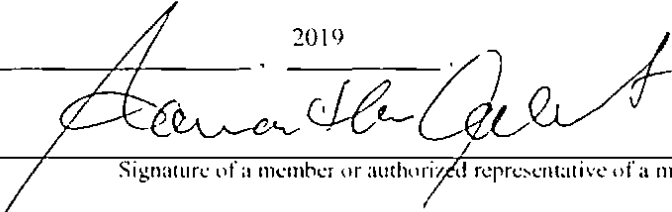
I HAVE ATTACHED WRITTEN AGREEMENT TO DESOLVE ANY ATTACHMENT TO LLC

E. Effective date, if other than the date of filing: 11/14/19 (optional)

(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 14, 2019



Signature of a member or authorized representative of a member

SAMANTHA ALBERT

Typed or printed name of signee