

102000022674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

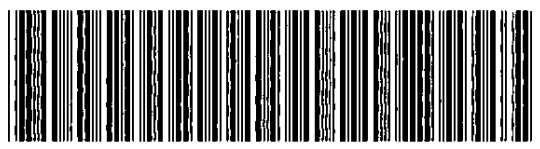
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G. MCLEOD

MAY 30 2008

EXAMINER



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04/30/08--01053--001 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 29 PM 3:00

P.O./RA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2008

RICHARD D CRUZ
371 OAKSPRINGS CT
DEBARY, FL 32713

SUBJECT: MEDICAL ACCOUNTS RECEIVABLE SOLUTIONS LLC
Ref. Number: W08000023609

We have received your document for MEDICAL ACCOUNTS RECEIVABLE SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 208A00030132

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPM REALVESTORS 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:

Richard D. Cruz
(Name of Person)

OPM REALVESTORS LLC
(Firm/Company)

371 OAKSPRINGS CT
(Address)

DEBARY FL 32713
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard D. Cruz at (386) 837-7536 (c)
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 29 PM 3:00

OPM REALVESTORS 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 AUGUST 29, 2002 and assigned
Florida document number L02000022674.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MEDICAL ACCOUNTS RECEIVABLE SOLUTIONS LLC

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:

LOURDES E. CRUZ

New Registered Office Address:

371 OAK SPRINGS CT.

(Enter Florida street address)

DEBARY

(City)

, Florida 32713

(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.

LOURDES E. CRUZ

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICHARD D. CRUZ	371 OAK SPRINGS CT. DEBARY, FL 32713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	R. NANETTE CRUZ	2731 MIRIAM AVE. ABINGTON, PA 19001	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LOURDES E. CRUZ	371 OAK SPRINGS CT. DEBARY, FL 32713	<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.)

Dated April 29, 2008.

Richard D. Cruz

Signature of a member or authorized representative of a member

RICHARD D. CRUZ

Typed or printed name of signee