

U04000088306

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TALLAHASSEE, FLORIDA

05 JAN 28 PM 3:22

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maximum Reimbursement, 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:

Dr. Alain Perez
(Name of Person)

Maximum Reimbursement, LLC
(Firm/Company)

12 Canal Street
(Address)

Miami Springs, FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Alain Perez at (305) 882-0728
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Maximum Reimbursement, LLC

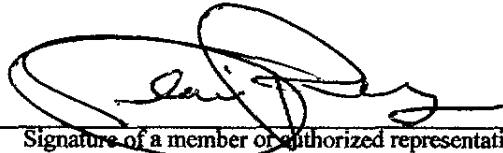
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/08/2004 and assigned document number LC04000088306.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Remove Soncire Perhach as member/manager.

Dated 1/26, 2005.



Signature of a member or authorized representative of a member

Dr. Alain Perez

Typed or printed name of signee

STATE OF FLORIDA
TAL LAURENCE FLORIDA

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Filing Fee: \$25.00