## L070000000474

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: VMF E	Billing LLC		
	(Name of Li	mited Liability Company)	
•			
The enclosed Articles of	f Amendment and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Robert Rappel		
		(Name of Person)	
	Rappel Health La	w Group PL	20 SI TAL
		(Firm/Company)	L ARE
	1515 Indian Divor	Boulevard, Suite A-210	>, ₹
	1010 malati Kivei	(Address)	RY O
		0000	FE'S D
	Vero Beach, FL 3		3: 49
	(	(City/State and Zip Code)	DA 19
For further information	concerning this matter, please	call:	
Robert Rappel		<sub>at (</sub> 772 <sub>)</sub> 778-8885	
	(Name of Person) (Area Code & Daytime Telephone Number)		e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VMF Billing LLC	
•	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on document number <u>L07000002474</u> and assigned and assigned.	
SECOND:	This amendment is submitted to amend the following:	
	ARTICLE II, PRINCIPAL PLACE OF BUSINESS,	
	incorrectly states the principal place of business and mailing address of the compar	ıy
	and should be amended as follows: 7750 Nova Drive, Suite A-4, Davie, Florida 3332	– 4
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	NOV	— =zzzz
	SRY -9	_
	TES D	
	RID. 4	
Dated No	vember 16	
	Signature of a member or authorized representative of a member	_
	Robert Rappel, Esquire	
	Typed or printed name of signee	_

Filing Fee: \$25.00