## L07000018590

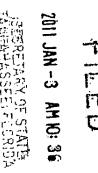
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JAN 4 2011 EXAMINER

## **COVER LETTER**

Division	of Corporations
SUBJECT:	Medical Accounts Receivables, LLC.
	Name of Limited Liability Company
The enclosed Art	scles of Amendment and fee(s) are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	Jay Phillip Parker
	Name of Person
	Jay Phillip Parker, P.A.
	Firm/Company
	1691 Michigan Avenue, Suite 320
	Address
	Miami Beach, FL 33139
	City/State and Zip Code
	fyawer@cleartitlegroup.com  E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Jaỳ Phillip Parkerat ( 305 ) 695-2699
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
<b>√</b> ] \$25,00 Filing	Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

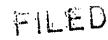
Registration Section

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

Medical Accounts Receivables, LLC. SECRETARY OF STATE



2011 JAN -3 AM 10: 36

(Name of the Limited Liability Company as it now appears on our vector (is.)

(A Florida Limited Liability Company) 02/16/2007 and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ L07000018590 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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: Jay Phillip Parker, P.A. Name of New Registered Agent: 1691 Michigan Avenue, Suite 320 New Registered Office Address: Enter Florida street address Florida 33139
Zin Code Miami Beach 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, thereby confirm that the limited liability company has been notified in writing of this change.

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>	Address	Type of Action
MGR_	Maria Marchetti	651 Okeechobee Blvd., Apt 1008 West Palm Beach, FL 33401	Add  Remove
MGR_	Jay Phillip Parker	1691 Michigan Avenue, Suite 320 Miami Beach, FL 33139	✓ Adđ □ Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>	<del></del>		Add Remove
	nding any other information, enter	change(s) here: (Attach additional sheets, if necessa	ry.) 
- -			
Dated	December 22 Signature of a s		JAN -3 AM
		Maria Marchetti	<u>5</u> 5
		Typed or printed name of signee  Page 2 of 2	्री <b>अ</b>

Page 2 of 2

Filing Fee: \$25.00