## L07000059257

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: MUHONJA CODING & REIMBURSEMENT SPECIALISTS, L LC

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:

JERVA KEBERENGE		
Name of Person		
MUHONJA CODING & REIMBURSEMENT SPECIALISTS, L	2010 HAR 11 SECRETAR TALLAHASS	7
15361 SW 24th Street	m11 -≪	1
Address	P. T. S	Ċ
Miami, FL 33185 City/State and Zip Code	PH 4: 03 OF STATE OF STATE OF STATE	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		
BRANDON MARESMA at ( 904 ) 222-0204		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:    \$25.00 Filing Fee \$30.00 Filing Fee & \$60.00 Filing Fee \$ \$60.00 Filing Fee \$ \$10.00 Filing Fee \$	ng Fee.	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	i)

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

## MUHONJA CODING & REIMBURSEMENT SPECIALISTS, 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 or	on <u>06/05/2007</u>	and assigned
Florida document numberL07000059257		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
MEDSPHERE SOLUTIONS	, LLC	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		
		20 2
	( 	<u> </u>
Enter new mailing address, if applicable:		<u>¬¬''</u> _ <b>Z</b>
(Muiling address MAY BE A POST OFFICE BOX)		S F: O
		Sm &
B. If amending the registered agent and/or registered office addres	ss on our records, enter t	he name of the nev
registered agent and/or the new registered office address here:	, <u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, Florida	
City		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.

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 Title **Address** Type of Action <u>Name</u> . □ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)) MARCH 5 2010 Dated\_ Signature of a member of authorized representative of a member JERVA KEBERENGE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00