L07000108586

| (Re | equestor's Name) | | |
|---|-------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | ldress) | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Na | me) | |
| (Do | ocument Number |) | |
| Certified Copies | Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Elite Billing Specialists (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: |
| Telah Thompson (Name of Person) |
| Elite Billing Specialists (Firm/Company) |
| 31906 Grand Reserve PL |
| Wesley Chafel FL 33544 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Telah Thompson at (813 780-8303 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \text{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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2007

TELAH THOMPSON 31906 GRAND RESERVE PLACE WESLEY CHAPEL, FL 33544

SUBJECT: ELITE BILLING SPECIALISTS, LLC

Ref. Number: L07000068586

We have received your document for ELITE BILLING SPECIALISTS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6967.

Leslie Sellers Document Specialist

Division of Corporations P.O. ROY 6397 Tallahasson Florida 39314

Letter Number: 907A00046067

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | . (At torial Blackey) | |
|---------|---|--|
| | | |
| • | | |
| FIRST: | The Articles of Organization were filed on (129 0 and assigned document number L0700068586 | |
| SECOND: | This amendment is submitted to amend the following: | |
| | Name of company to change to "Elite Medical Billing | |
| | Specialists'iu | |
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| | · | |
| | Please use money already sent | |
| | towards this change. | |
| | · · · · · · · · · · · · · · · · · · · | |
| Dated | 7/74 7007 | |
| Dated | 7007 TAE | |
| | Jelal Stompson SAR 28 | |
| | Signature of a member of authorized representative of a member | |
| | Telah Thompson For PH 72. Typed or printed name of signee Typed or printed name of signee Typed to the typed or printed name of signee Typed to the typed or printed name of signee Typed | |
| | | |