Division of Corporations Electronic Filing Cover Sheet

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(((H10000037610 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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Fax Number : (305)220-3,440

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMART OPTION BILLING SERVICES, LLC

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S. HAWKES FEB 1 9 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H1000003761U

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SMART OPTION	BILLING SERVICES, LLC
(Name of the Limited Liability Compa (A Florida Limited L	av as it now appears on our records.
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000077442</u>	were filed an 07-27-20 Find Rigned
This amendment is submitted to amend the following:	Es de
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	•
Enter new principal offices address, if applicable:	5775 BLUE LAGOON DRIVE SUITE 230
(Principal office address MUST BE A STREET ADDRESS)	suite 230
	MIAMI FL 33/26
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: RAFA	HEL RODRIGUEZ
New Registered Office Address: 5775 B	LUE LAGOON DRIVE SUITE 230
	Enter Florida street address
Mi	AMI ,Florida 33/26 City Zip Code
	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

Page 1 of 2

H10000037610

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
MGRH	HUGO MARTINEZ	575 SW 84 AVE MIAMI FL 33144	Add
4 <u>6 R M</u>	Aida M. GARCÍA	6421 COWPEN Rd APT MIOS HIANI CAKES, FL 33014	TALLAHARAN FILE
MGRM	JOEL R. LOPEZ	11264 SW 246 TELL. MIAMI FL 33032	Adden
MGRM	RICARDO MONTUFAR	4500 NW 99 ct Apt + 303 DORAL, FL 33178	Add Remove
			Add Remove
			Add
D. Kamen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)
<u></u>			
Dated	02 - 16 - 20	10	
	Signature of adaptiber	or authorized representative of a member	
	RAFAEL	RODRIGUEZ	
	Typed	or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00

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