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JUN 28 2010

EXAMINER



400182454034

06/25/10--01013--014 **25.00

FILED
10 JUN 25 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMB MEDICAL BILLING, LLC
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:

JUSTIN M. PEARSON, ESQ.

Name of Person

PEARSON & ASSOCIATES, LLC

Firm/Company

5531 N. UNIVERSITY DRIVE, SUITE 101

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

JP@JPEARSONLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN M. PEARSON, ESQ.

Name of Person

at (954)

752-7334

Area Code & Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PMB MEDICAL BILLING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/17/2007 and assigned
Florida document number L07000125106.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1499 W. PALMETTO PARK RD., SUITE 111

BOCA RATON, FL 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1499 W. PALMETTO PARK RD., SUITE 111

BOCA RATON, FL 33486

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:

Name of New Registered Agent:

ARLENE P. FEINMAN

New Registered Office Address:

1499 W. PALMETTO PARK RD., SUITE 111

Enter Florida street address

BOCA RATON

Florida

33486

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.

Arlene P. Feinman
If Changing Registered Agent, Signature of New Registered Agent

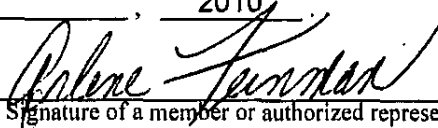
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---|--|
| MGR | HOWARD FEINMAN | 9750 NW 33RD STREET, SUITE 202 CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | ARLENE FEINMAN | 1499 W. PALMETTO PARK ROAD SUITE 111 BOCA RATON, FL 33486 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 23, 2010



Signature of a member or authorized representative of a member

ARLENE FEINMAN

Typed or printed name of signee

PMB MEDICAL BILLING, LLC

1499 W. Palmetto Park Road, Suite 111, Boca Raton, Florida 33486

Corporate Resolution and Consent

We, the undersigned members of PMB Medical Billing, LLC (the "Company"), a limited liability company organized and existing under the laws of the State of Florida,

DO HEREBY RESOLVE that the Company has moved from Coral Springs to the address of 1499 W. Palmetto Park Road, Suite 111, Boca Raton, Florida 33486, and any actions taken in furtherance of such move are authorized and approved.

DO HEREBY RESOLVE that Howard Feinman shall no longer be the manager of the Company, effective immediately, and Arlene P. Feinman shall now be the managing member of the Company.

DO HEREBY RESOLVE that Howard Feinman shall no longer be the registered agent of the Company, effective immediately, and Arlene P. Feinman shall now be the Company's registered agent.


DO HEREBY RESOLVE to amend the Company's Articles of Incorporation and make any necessary filings with the Florida Division of Corporations to effectuate the actions stated herein.

DO HEREBY CONSENT and approve any agreements entered into in furtherance of the actions described herein.

DO HEREBY CONSENT to waive notice of this meeting.

WE CERTIFY that the foregoing resolutions are fully in accord and do not conflict with the Company's Articles of Organization and Operating Agreement.

WE FURTHER CERTIFY that the following individual, whose genuine signature appears below, constitutes all of the Company's members.


By: Arlene P. Feinman

6/23/10
Date


By: Marvin Reingold

6/23/10
Date