

L08 0000 36305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

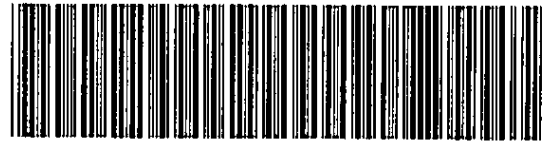
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/24/22--01002--019 **30.00

22 FEB 24 PM 3:15

T. MATTHEWS

MAR -3 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Coast Medical Billing, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah M. Roark

Name of Person

West Coast Medical Billing, LLC

Firm/Company

13704 Wilkes Drive

Address

Tampa, FL 33618

City/State and Zip Code

wcmb813@gmail.com

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

For further information concerning this matter, please call:

Deborah M. Roark

727 420-6646
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

22 FEB 04 PM 3:15

West Coast Medical Billing, 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 on 04/07/2008 and assigned
Florida document number L08000036305.

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 contain 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)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

Deborah M. Roark

New Registered Office Address:

13704 Wilkes Dr.

Enter Florida street address

Tampa

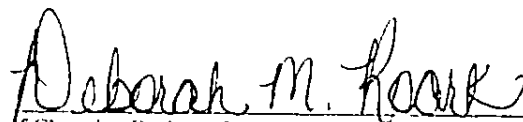
City

Florida 33618

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Deborah M. Garriga	13704 Wilkes Drive	<input type="checkbox"/> Add
		Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deborah M. Roark	13704 Wilkes Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I am the owner / managing member of West Coast Medical Billing, LLC. I was married and my name has changed
Deborah M. Garriga to Deborah M. Roark. I have enclosed a copy of our marriage license and a copy of my
driver's license for proof of this name change.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

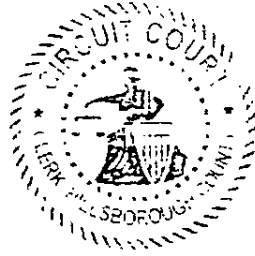
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 17, 2022

Deborah M. Roark
Signature of a member or authorized representative of a member

Deborah M. Roark
Typed or printed name of signee



Electronically Certified Official Record

Document Information

Agency Name: Hillsborough Clerk of Circuit Court and Comptroller
Clerk of the Circuit Court: The Honorable Cindy Stuart
Date Issued: 4-9-2021 11:47:30 AM
Unique Reference Number: BAA-FBB-BCAFH-GIBBCGJHFDAJHFHFIDG
GDBBJ-F
Certification ID: 63112697530097575836
Requesting Party Code: 511
Requesting Party Reference: 30994279

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable Cindy Stuart, Hillsborough County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Hillsborough County Clerk of the Circuit Court. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting <https://Verify.Clerkecertify.com/VerifyImage>.

**The web address shown above contains an embedded link to the verification page for this particular document.



Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk
of Circuit Court appears thereon

(STATE FILE NUMBER)

INSTR# 2019003531

134 11 13

RECORDED 05-26-2019 at 12:54 PM

Pat File # 134 11 13

Hillsborough County

Deputy Clerk: MICHAEL KEHOE

2019 ML 4089543

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 NAME OF SPOUSE (First, Middle, Last) BRYAN CHRISTOPHER ROARK		1B MAIDEN SURNAME (if applicable)		2 DATE OF BIRTH (Month, Day, Year) 07/26/1975	
3A RESIDENCE - CITY, TOWN OR LOCATION TAMPA		3B COUNTY HILLSBOROUGH		3C STATE FLORIDA	
4 NAME OF SPOUSE (First, Middle, Last) DEBORAH MARIE GARRIGA		4B MAIDEN SURNAME (if applicable) KAYLOR		5 DATE OF BIRTH (Month, Day, Year) 11/27/1972	
6A RESIDENCE - CITY, TOWN OR LOCATION TAMPA		6B COUNTY HILLSBOROUGH		6C STATE FLORIDA	
7A RESIDENCE - CITY, TOWN OR LOCATION TAMPA		7B COUNTY HILLSBOROUGH		7C STATE FLORIDA	
8A RESIDENCE - CITY, TOWN OR LOCATION TAMPA		8B COUNTY HILLSBOROUGH		8C STATE LOUISIANA	

WE THE APPLICANTS, JAMES IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE FORFEITURE OF A LICENSE TO AUTHORITY THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF SPOUSE (Sign in front of each other) <i>[Signature]</i>		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/15/2019	
11 TITLE OF OFFICIAL DEPUTY CLERK, MICHAEL KEHOE		12 SIGNATURE OF OFFICIAL (Sign in front of each other) <i>[Signature]</i>	
13 SIGNATURE OF SPOUSE (Sign in front of each other) <i>[Signature]</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/15/2019	
15 TITLE OF OFFICIAL DEPUTY CLERK, MICHAEL KEHOE		16 SIGNATURE OF OFFICIAL (Sign in front of each other) <i>[Signature]</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLENNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17 COUNTY ISSUING LICENSE HILLSBOROUGH	18 DATE LICENSE ISSUED 05/15/2019	19 DATE LICENSE EXPIRATION 05/18/2019	20 EXPIRATION DATE 07/17/2019
21 SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		22 TITLE COUNTY JUDGE/CLERK	23 INITIALS MK

CERTIFICATE OF MARRIAGE

HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE, IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

24 DATE OF MARRIAGE (Month, Day, Year) 5/18/19	25 CITY, TOWN OR LOCATION OF MARRIAGE TAMPA, FL	26 ADDRESS (if person performing ceremony) 13704 Wilkes Dr Tampa, FL 33618
27 SIGNATURE OF PERSON PERFORMING CEREMONY (Sign in front of each other) <i>[Signature]</i>		28 SIGNATURE OF WITNESS TO CEREMONY (Sign in front of each other) <i>[Signature]</i>
29 NAME AND ADDRESS OF PERSON PERFORMING CEREMONY (Sign in front of each other) MICHAEL KEHOE DEPUTY CLERK HILLSBOROUGH COUNTY 13704 Wilkes Dr Tampa, FL 33618		30 SIGNATURE OF WITNESS TO CEREMONY (Sign in front of each other) <i>[Signature]</i>



SEAL

Florida

DRIVER LICENSE

R620-173-72-627-0



Alvin K. Kael

DOB: 01/27/1972
SEX: F
ISS: 01/27/2008
EXP: 01/27/2012
CLASS: NONE
ENDORSEMENTS: NONE
SAFELY DRIVER
REPLACED: 08/10/2011
Operation of a motor vehicle constitutes
consent to any physical test required by law

