

L09000038952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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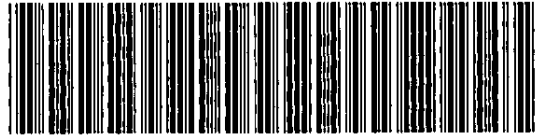
(Business Entity Name)

(Document Number)

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FILED  
10 APR 19 AM 7:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 20 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MedXchange, 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:

Mark E Cook, CPA

Name of Person

MedXchange, LLC

Firm/Company

9428 Baymeadows Rd, Suite 120

Address

Jacksonville, FL 32256

City/State and Zip Code

mark.cook.cpa@comcast.net

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

For further information concerning this matter, please call:

Mark E Cook

Name of Person

at ( 904 )

352-1983

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**

MedXchange, 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 04/22/09

Florida document number L09000038952

**FILED**  
10 APR 19 AM 11:00  
SECRETARY OF STATE  
FLORIDA

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)**

9428 Baymeadows Rd

Suite 120

Jacksonville, FL 32256

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9428 Baymeadows Rd

Suite 120

Jacksonville, FL 32256

**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:

Mark E Cook

New Registered Office Address:

9428 Baymeadows Rd. Suite 120

*Enter Florida street address*

Jacksonville

Florida

32256

*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:

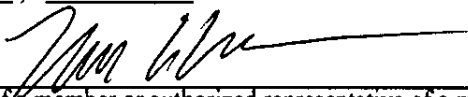
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark Renfro	9570 Regency Square Blvd Suite 200 Jacksonville, FL 32225	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mark Renfro	9428 Baymeadows Rd Suite 120 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mark E Cook	9428 Baymeadows Rd Suite 120 Jacksonville, FL 32256	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 16, 2010



Signature of a member or authorized representative of a member

Mark E. Cook

Typed or printed name of signee

FILED  
10 APR 19 AM 7:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA