

**# 109000110751**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

05/15/12--01001--001    \*\*25.00

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FILED  
12 MAY 14 PM 3:43  
SHERIFF OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAY 15 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VOJ MEDICAL BILLINGS SERVICES, 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:

HARRY P. PRECIA

Name of Person

VOJ MEDICAL BILLING SERVICES, LLC

Firm/Company

576 11TH ST NORTH

Address

NAPLES, FLORIDA 34102

City/State and Zip Code

alphaapsinc@gmail.com

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

For further information concerning this matter, please call:

HARRY P. PRECIA

Name of Person

at ( 305 )

364-5892

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

VOJ MEDICAL BILLING SERVICES, LLC

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

FILED

12 MAY 14 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/17/2009 and assigned Florida document number L 09000110751.

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)

576 11TH STREET NORTH  
NAPLES, FLORIDA 34102

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:

HARRY P. PRECIA

New Registered Office Address:

576 11TH STREET NORTH

*Enter Florida street address*

NAPLES

, Florida

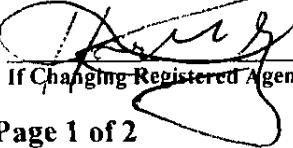
34102

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>
<u>MGRM</u>	<u>JOSEPH, VERLINE</u>	<u>576 11TH ST NORTH, NAPLES, FL, 34102</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>JOSEPH, ODINO</u>	<u>576 11TH STREET NORTH, NAPLES, 34102</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>HARRY P. PRECIA</u>	<u>576 11TH ST NORTH, NAPLES, FL, 34102</u>	<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

Signature of a member or authorized representative of a member

~~Typed or printed name of signee~~