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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDIC BILLS, LLC

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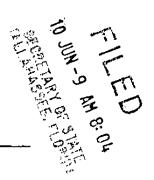
Page 1 of 2

J. BRYAN

JUN 1 0 2010

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Medic Bills, LLC		200
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ers on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	April 15, 2010	and assigned
Plorida document numberL1000004			_ •
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability company h	cre:	
	Medic Bills (FL), LLC		
he new name must be distinguishable and end w L.L.C."	ith the words "Limited Liability Com	pany," the designation "L.	C" or the abbreviation
Cuter new principal offices address, if appli	cable: N/A		
Principal office address MUST BE A STRE	ET ADDRESS)		
inter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE			
d. If amending the registered agent and egistered agent and/or the new registered of		our records, enter th	e nume of the ne
Name of New Registered Agent:	N/A		The state of the s
New Registered Office Address:	N/A		
	£.	nter Florida street addr	es s
	A.	, Florida	
	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

Title	Name	Address	Type of Action
MGRM	Ronald P. Hall		Add Remove
MGRM	Gregory T. Hall		Add 7 Remove
MGRM	Christine M. Masarik		Add Remove
MGRM	Anthony Bartholomew		Add Z Remove
<u>MGR</u>	Ronald P. Hall	P.O. Box 1027 35 West Sixth Street Dunkirk, NY 14048	
			Radd
D. If amend		unge(s) here: (Attach additional sheets, if ne	cessary.)
- - -			TILED TO JUN-9 AM 8: 04 TO JUN-9 AM 8: 04
Dazed	Re Pile	of authorized representative of a member	TO STATE OF
	_	Ronald P. Hall or printed name of algrees	<u></u>
	1.7 p.m.	en hanneng mang mat kalibang	

Page 2 of 2

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