

L10000042183

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 16 PM 3 01

N. Cullen MAY 17 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A + 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:

Maria Rivera
Name of Person

SR Management of Tampa Inc.
Firm/Company

8870 N Himes Ave #142
Address

Tampa FL 33614
City/State and Zip Code

mriviera@tampa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Rivera at (813 373 0045)
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 16 PM 3:01

A + 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 4-20-10 and assigned
Florida document number L10000042183

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)

4714 N Cortez Ave
#43
Tampa, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8870 N Himes Ave
#352
Tampa, FL 33614

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:

SR Management of Tampa Inc

New Registered Office Address:

8870 N Himes Ave 142

Enter Florida street address

Tampa

City

Florida

33614

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.

Marisa Quijara
If Changing Registered Agent, Signature of New Registered Agent

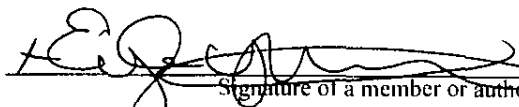
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Elizabeth Ortega	8415 Mallard Reserve # 202 Tampa, FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SR Management of Tampa Inc	8870 N Himes ave #142 Tampa FL 33614	<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 2-23- 2011



Signature of a member or authorized representative of a member
Eyla Y Martinez

Typed or printed name of signee

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11 MAY 16 PM 3:01