## L10000120343

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J. SAULSBERRY EXAMINER

JUL 6 2012

## **COVER LETTER**

TO:	Registration S Division of Co		•				
 SUBJI	rct.	ATLAS MED	OICAL BILLING LLC				
SUBJ	sc1		ited Liability Company				
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
		M	LISA RENFROE				
			Name of Person				
	9F -						neg neg
			Firm/Company				
		1	604 E. JACKSON ST				
			Address				
·		Р	ENSACOLA FL 32501		SEC ALL	2012 JUL -6	
			City/State and Zip Code		RE7	۳	
		LISAJ	RENFROE@GMAIL.COM		SS:	4	Editorna Services
		E-mail address: (	to be used for future annual report notificati	on)	() ()		17
For fur	ther information	concerning this matter, please	call:		21/1 21/1	01 :5 HV	
	Lis	SA RENFROE	at ( 850 ) 42	6-4446	AQ!)	0	
	Name	of Person	Area Code & Daytime Te	lephone Number	<u> </u>		
Enclos	ed is a check for t	the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fil Certifica Certified (addition	te of Stat I Copy		sed)
٠,	Regist Divisi P.O. E	and ADDRESS: tration Section on of Corporations Box 6327 transsee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EDICAL BILI				
(Name of the Limited Liabilit (A Florida	Limited Liability C	ow appears o Company)	on our records.		
The Articles of Organization for this Limited Liability  Florida document number L10000120343	Company were file	ed on <u>N</u>	IOV. 19, 2010	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability com	pany here:			
ATLAS INVESTM	ENTS AND MA	RKETING	LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liabil	lity Company,	" the designation,"	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:				,	
(Principal office address MUST BE A STREET ADD	RESS)			7 <u>8</u> 2	
Enter new mailing address, if applicable:				IZ JUL -6 ECRETARY LAHASSE	# F
(Mailing address MAY BE A POST OFFICE BOX)				TP A	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ress on our	records, enter	ORIDA the name o	f the new
Name of New Registered Agent: LISA	A RENFROE				· <del></del>
New Registered Office Address:					
		Enter	Florida street add	dress	
	, Florida				
	City			Zip Code	!
New Registered Agent's Signature, if changing Register	ed 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.

f-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>	Address	Type of Action
MGRM	JOHN MARK RENFROE	1604 E. JACKSON ST PENSACOLA FL 32501	✓ Add  Remove
	<del></del>		Domovo
			Add Remove
			——————————————————————————————————————
			AddRemove
D. If amen	ding any other information, enter cl	ange(s) here: (Attach additional sheets, if	fnecessary.)  2012 JUL -
		•	JL-6 AM 9: 10 TARY DE STATE ASSEE, FLORIDA
Dated	5-12 Signature of a reference	proper or authorized representative of a member	
	Lisa	yped or printed name of signee	<u></u>

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Filing Fee: \$25.00