

L11000110237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

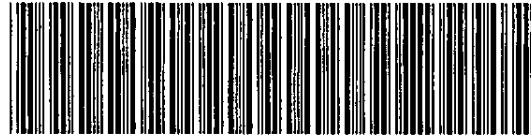
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Amend

9-16-13
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Revenue Solutions 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:

Mina Vulpis
Name of Person

Healthcare Revenue Solutions LLC
Firm/Company

11804 Big Bear Circle
Address

Riverview, FL 33579
City/State and Zip Code

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

For further information concerning this matter, please call:

Mina Vulpis at (813) 727 9304
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**

Healthcare Revenue Solutions 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 9/27/2011 and assigned Florida document number L11000110237.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

no name change

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)

no change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

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:

Mina Vulpis

New Registered Office Address:

11804 Big Bear Circle

Enter Florida street address

Riverview

City

, Florida

33579

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.

Mina Vulpis

If Changing Registered Agent, Signature of New Registered Agent

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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

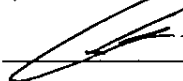
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Andrew Vulpis	11804 Big Bear Cir.	<input type="checkbox"/> Add
		Riverview, FL 33579	<input checked="" type="checkbox"/> Remove
MGRM	Mina Vulpis	11804 Big Bear Cir.	<input checked="" type="checkbox"/> Add
		Riverview, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 Remove

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

Dated September 11, 2013.



Signature of a member or authorized representative of a member

Mina Vulpis

Andrew Vulpis

Typed or printed name of signee

Mina Vulpis

Page 3 of 3

Filing Fee: \$25.00

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