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SECRETARY OF STATE

J. BRYAN

MAR 1 3 2012

EXAMINER

COVER LETTER

Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Elvira Quilit Name of Person Modical Billing + Coding Spocyalis+11 Con =
Medical Billing + Coding Specialist Les =
6923 Narcoosee Rd StE #631
Orlando FC 32822 City/State and Zip Code
elvingquilit @ Jahoo.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elvira Quilit at (201) 388-6237 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

· Oall

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

CC Conference of the Conferenc

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	•
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6923 Narcoossee Rd STE # 631
(Principal office address MUST BE A STREET ADDRESS)	STE # 631
	Orlando, FC 32822
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	E . El .: I II.
	Enter Florida street address
	, Florida
	(ID) (ID)

New Registered Agent's Signature, if changing Registered Agent:

Madiania

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** <u>Name</u> **Address** Type of Action Elvira Quilit MGRM \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3/8/12 2017 Signature of a member or authorized representative of a member ELVIRA QUILIT

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee