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JUN - 5 2013				
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	A. LUNT			

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COVER LETTER

TO: ... Registration Section **Division of Corporations**

Expert 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:

Trent Bros Name of Person **Private Capital** Firm/Company 7777 Glades Road Suite 100 Address Boca Raton FL 33434 City/State and Zip Code privatecapital007@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

trent bros

□\$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

Expert Billing LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L13000045042	were filed on 03/26/2013 and	l assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Private Capital Billing LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or	the abbreviation	
Enter new principal offices address, if applicable:	7777 Glades Road Suite 100		
(Principal office address MUST BE A STREET ADDRESS)	DDRESS) Boca Raton, FL 33434		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20	
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, enter the name		
Name of New Registered Agent:		5	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip C	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 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:

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MGR = Manager
MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Expert Billing Partnership	1121 S. Military Trail Suite 212	Add
		Deerfield Beach FL 33442	Remove
MGRM	Private Capital Billing Partnership	7777 Glades Road Suite 100	Add
		Boca Raton, FL 33434	Remove
			Add
		LLAHASS	Remeve
		E.FLORIB)	
			Remove
			_ Add
	— — — — — — — — — — — — — — — — — — —		Remove
			Add
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