

L13000055881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

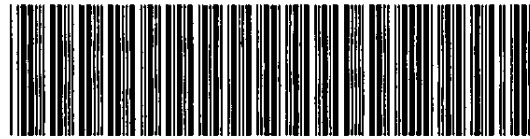
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 06 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2013

PAMELA M. BURFORD
PO BOX 953908
LAKE MARY, FL 32746

SUBJECT: PALM SURGICAL BILLING LLC
Ref. Number: L13000055881

We have received your document for PALM SURGICAL BILLING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 313A00019757

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TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Surgical 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:

Pamela M. Burford
Name of Person

Palm Surgical Billing LLC
Firm/Company

PO Box 953908
Address

UK Mary FL 32795
City/State and Zip Code

Pamela.Burford@PalmSurgicalBilling.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela M. Burford at (407) 302-0089 x125
Name of Person Area Code & Daytime Telephone Number

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FLORIDA
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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**

Palm Surgical 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 4/16/13 and assigned Florida document number 413000055881

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Pamela M. Burford

New Registered Office Address:

122 Rockhill Dr

Enter Florida street address

Sanford

City

Florida

32771

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

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Add

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

Dated

Aug 29, 2013

Signature of a member or authorized representative of a member

Brian L. Wyle

Typed or printed name of Signee

Page 3 of 3

Filing Fee: \$25.00

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