## 113000055881

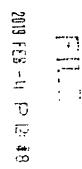
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## **COVER LETTER**

TO: Registration Sec Division of Corp		. • •	
O	gical Billing LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Pamela Burford		
		Name of Person	
	Palm Surgical Billing LLC		
		Firm/Company	
	745 Oakland Hills Cir #111		
	Loke Man, El 22746	Address	
	Lake Mary FL 32746		
•	Pamela.Burford@palmsurgic	City/State and Zip Code albilling.com	
	E-mail address: (to	be used for future annual report notif	ication)
For further information co	ncerning this matter, please cal	1:	
Pamela Burford		407 302-0089x3	
Name of	Person		Telephone Number
Enclosed is a check for the	_	<b>5</b> 000 00 000 000 000 000 000 000 000 00	E 0/0 00 E''. E
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			(auditional copy is enclosed)
	)		
Registrat	NG ADDRESS: tion Section	STREET/COURII Registration Section	n
P.O. Box	,	Division of Corpora Clifton Building	
\ Tallahas	sec, FL 32314	2661 Executive Cer Tallahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILL !

Palm Surgical Billing LLC (Name of the Limited Liability Company as it now appears on outlier ords) -4 12: 38 Florida document number L13000055881 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 745 Oakland Hills Cir #111 Enter new principal offices address, if applicable: Lake Mary Fl 32746 (Principal office address MUST BE A STREET ADDRESS) 745 Oakland Hills Cir #111 Enter new mailing address, if applicable: Lake Mary Fl 32746 (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: New Registered Office Address: Enter Florida street address

## 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James Burford	745 Oakland Hills Cir #111 Lake Mary FI 32746	■ Add
			Remove
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ective date, if other than the effective date is listed, the date made: If the date inserted in this burnent's effective date on the I	ist be specific and dock does not me	cannot be prior to date eet the applicable st			
record specifies a delaye he 90th day after the re		ate, but not an e	effective time,	at 12:01 a.m. o	n the earlier o
ed January 30th		2019			
	Signature of a m	ember or authorized r	epresentativo of a n	nember	
	_	<i>V</i>			

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Filing Fee: \$25.00