

213 000 130956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

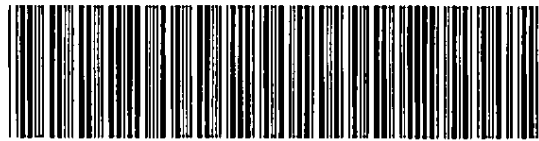
(Document Number)

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FILED  
2022 OCT 28 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

NOV - 1 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONPOINT MEDICAL BILLING LLC / Document Number L13000130956  
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:

BARRY WOLF

Name of Person

ONPOINT MEDICAL BILLING LLC

Firm/Company

118 BYRON CT

Address

ROTONDA WEST FL 33947-2433

City/State and Zip Code

BWolf@OnPointMedicalBilling.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY WOLF

239 970-2484 X12  
at ( )

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

ONPOINT MEDICAL BILLING LLC

2022 OCT 28 AM 7:33

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/17/2013 and assigned  
Florida document number L13000130956.

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."

Enter new principal offices address, if applicable:

7795 DAVIS BOULEVARD

(Principal office address MUST BE A STREET ADDRESS)

STE 205

NAPLES, FL 34104-5373

Enter new mailing address, if applicable:

ONPOINT MEDICAL BILLING LLC

(Mailing address MAY BE A POST OFFICE BOX)

118 BYRON CT

ROTONDA WEST FL 33947-2433

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:

TAMI WOLF

New Registered Office Address:

118 BYRON CT

*Enter Florida street address*

ROTONDA WEST

*City*

Florida

33947-2433

*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 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.*

*Tami Wolf*

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Jami Wolf  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 OCT 28 AM 9:03

October 7, 2022

BARRY WOLF  
118 BYRON CT  
ROTONDA WEST, FL 33947-2433 US

SUBJECT: ONPOINT MEDICAL BILLING LLC  
Ref. Number: L13000130956

We have received your document for ONPOINT MEDICAL 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):

The registered agent must sign accepting the designation.

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) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 122A00022392