

L17000144314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

134



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2014

EHR BILLING SERVICES, LLC
1055 NURSERY RD #117
WINTER SPRINGS, FL 32708

SUBJECT: EHR BILLING SERVICES, LLC
Ref. Number: L13000144314

We have received your document for EHR BILLING SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete names of the ambr and mgr.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00009521

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EHR BILLING SERVICES, 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:

JASON WEIL

Name of Person

EHR BILLING SERVICES, LLC

Firm/Company

1055 NURSERY RD. #117

Address

~~LEWIS~~ WINTER SPRINGS, FL 32708

City/State and Zip Code

JASON RYAN WEIL@GMAIL.COM

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

For further information concerning this matter, please call:

JASON WEIL

Name of Person

at (407) 375-8599

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EHR BILLING SERVICES, 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 10-14-13 and assigned Florida document number L13000144314.

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:

ART McCABE

New Registered Office Address:

1055 NURSERY RD #117

Enter Florida street address

WINTER SPRINGS

Florida

32708

City

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.

Art McCabe

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JASON WEIL	113 SHADOW TRL LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	KARL FIELDS	1914 LAKE ALDEN DR APOPKA, FL 32712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	PETE LaFORGE	Pat & Lynne 559 Halifax St SW Plam Bay FL 32909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	DANIEL GARRETT	231 N. 1ST ST. LAKE Mary, FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	ART McCABE	114 Buena Vista dr DAPHNE AL 36526	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ART McCABE	114 Buena Vista dr DAPHNE AL 36526	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JASON WEIL	1055 Nursery Rd #117	<input checked="" type="checkbox"/> Add
		WINTER SPRINGS, FL	<input type="checkbox"/> Remove
		32708	
MGR	ERNEST B. FISHER	1055 Nursery Rd #117	<input checked="" type="checkbox"/> Add
		WINTER SPRINGS, FL	<input type="checkbox"/> Remove
		32708	
AMBR	ERNEST B. FISHER	1055 Nursery Rd #117	<input checked="" type="checkbox"/> Add
		WINTER SPRINGS, FL	<input type="checkbox"/> Remove
		32708	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

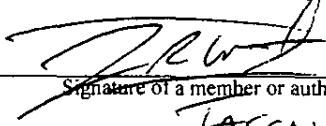
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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-18, 2014



Signature of a member or authorized representative of a member

JASON WEIL

E.B. FISHER

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA