

L13000153469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

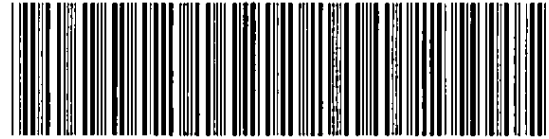
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Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2024

TINA FORGUE
8450 SO US HWY 1
PORT SAINT LUCIE, FL 34952

SUBJECT: KEYSOLUTIONS MEDICAL BILLING, LLC
Ref. Number: L13000153469

RECEIVED
OCT 07 2024

We have received your document for KEYSOLUTIONS MEDICAL BILLING, LLC and your check(s) totaling \$43.75. However, the enclosed document has been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 524A00021246

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Solutions Medical 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:

Tina Forgue

Name of Person

Key Solutions Medical Billing, LLC

Firm/Company

8450 So. US Hwy 1

Address

Port St. Lucie FL 34952

City/State and Zip Code

Ksmb @ Ksmbilling. com

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

For further information concerning this matter, please call:

Tina Forgue

Name of Person

at (772) 871-0055

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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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 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**

Key Solutions Medical 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 10/31/2013 and assigned Florida document number L13000153469.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Diana Hoffman	2058 Bella Vista Way	<input type="checkbox"/> Add
		Port St Lucie FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tina Forgue	306 23rd Ave.	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32962	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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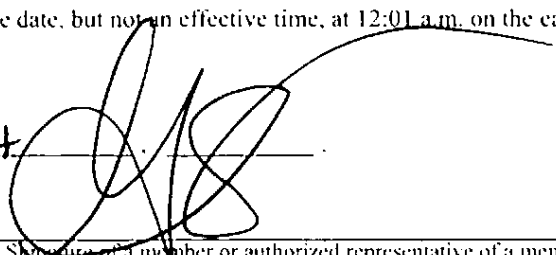
E. Effective date, if other than the date of filing: July 1, 2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated Oct. 1, 2024


Signature of a member or authorized representative of a member

Gloria Sousa

Typed or printed name of signer

Filing Fee: \$25.00