

L13 000157801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

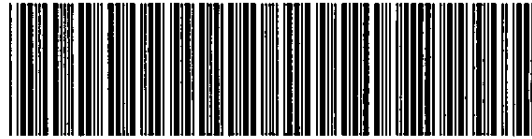
(Business Entity Name)

(Document Number)

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05/12/16--01019--011 \*\*52.50

RECEIVED  
16 MAY 27 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 01 2016  
J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2016

SAMANTHA CLARK  
2602 NW 103RD AVE APT 308  
SUNRISE, FL 33322

SUBJECT: HEALTH PROCESSING SERVICE, LLC.  
Ref. Number: L13000157801

We have received your document for HEALTH PROCESSING SERVICE, LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 III  
Registration/Qualification Section

Letter Number: 416A00010180

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HEALTH PROCESSING SERVICE, LLC.**  
Name of Limited Liability Company

FILED  
2015 MAY 31 PM 4:26  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SAMANTHA CLARK**

Name of Person

**HEALTH PROCESSING SERVICE, LLC.**

Firm/Company

**2602 NW 103RD AVE, #308**

Address

**SUNRISE, FL 33322**

City/State and Zip Code

**GJS1883@GMAIL.COM**

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

For further information concerning this matter, please call:

**SAMANTHA CLARK**

Name of Person

at ( **954** ) **445-5006**

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**

**HEALTH PROCESSING SERVICE, 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 11/12/13 and assigned Florida document number L13000157801.

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:

N/A

New Registered Office Address:

*Enter Florida street address*

*City*, Florida

SECRETARY OF STATE  
ALLIANCE STATE, FLORIDA  
16 MAY 27 AM 7:00  
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**

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>
MGR	SALLY NAHRA	2602 NW 103 <sup>RD</sup> AVE, #300	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

16 MAY 27 AM 7:18  
DEPARTMENT OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 MAY, 24, 2016

*Samantha Clark*

Signature of a member or authorized representative of a member

**SAMANTHA CLARK**

Typed or printed name of signee