

L14000103892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700292958577

12/07/16--01006--023 \*\*25.00

FILED  
2016 DEC -7 A 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 08 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Integrity 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:

Kelly L. Frazier

Name of Person

Integrity Billing Services LLC

Firm/Company

9646 Watershed Drive south,

Address

Jacksonville, Florida 32220

City/State and Zip Code

integritybillingservicesllc@gmail.com

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

For further information concerning this matter, please call:

Ben Frazier

Name of Person

904 662 2748  
at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2016 DEC -7 A 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Integrity 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 June 30, 2014 and assigned  
Florida document number L14000103892

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:**

9646 Watershed Drive South

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, Florida 32220

**Enter new mailing address, if applicable:**

9646 Watershed Drive South

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, Florida 32220

**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

FILED  
2016 DEC - 7 A 11:41  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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	Kelly L Frazier	9646 Watertshed Drive South	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32220	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benjamin Frazier Jr.	8422 Gullege Dr	<input type="checkbox"/> Add
		Jacksonville, Florida 32219	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2016 DEC 9 A 11:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2016 DEC -7 A 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


FILED  
2016 DEC -7 A 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 December 2, 2016

  
Signature of a member or authorized representative of a member

Kelly Frazier  
Typed or printed name of signee