

L14000104971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 06 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medical Ancillary Revenue Consultants 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:

MARK E. ANDREWS

Name of Person

M.A.R.C. LLC

Firm/Company

2840 WEST BAY DRIVE, #164

Address

BELLEAIR BLUFFS, FL 33770

City/State and Zip Code

MARK@MEDICALDONEBETTER.COM

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

For further information concerning this matter, please call:

Mark Andrews

Name of Person

at (727) 420-8417

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**

MEDICAL ANCILLARY REVENUE CONSULTANTS 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 JULY 1, 2014 and assigned Florida document number L14000104971.

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)

2840 WEST BAY DRIVE, #164

BELLEAIR BLUFFS, FL 33770

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2840 WEST BAY DRIVE, #164

BELLEAIR BLUFFS, FL 33770

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:

Mark E Andrews

New Registered Office Address:

209 1st Street, APT #3

Enter Florida street address

INDIAN RUCKS BEACH

Florida

33785

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.

Mark E Andrews
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	MARK E. ANDREWS	2840 WEST BAY DRIVE, #164	<input checked="" type="checkbox"/> Add
		BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Remove
AMBR	BRIAN FARRELL	406 HARBOR DRIVE SOUTH	<input checked="" type="checkbox"/> Add
		INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Remove
AMBR	BRETT DRIER	580 SOUTH BANANA RIVER DR #101	<input checked="" type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input type="checkbox"/> Remove
AMBR	KENNETH C NICHOLS	2556 MARY FOX DRIVE	<input checked="" type="checkbox"/> Add
		GULF BREEZE, FL 32563	<input type="checkbox"/> Remove
AMBR	BRAD ASHTON	241 EAGLE GLENN DR S	<input type="checkbox"/> Add
		INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

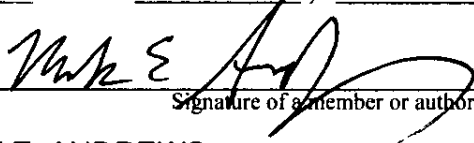
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 DECEMBER 15, 2014



Signature of a member or authorized representative of a member

MARK E. ANDREWS

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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