

L14000161284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

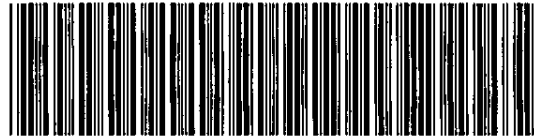
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CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2014

T. BROWN

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **A&B Medical Billing Solutions, 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:

Alicia Brown

Name of Person

A&B Medical Billing Solutions, LLC

Firm/Company

4264 NW 1st Drive

Address

Deerfield Beach, FL 33442

City/State and Zip Code

aliciabrown@myabaccounting.com

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

For further information concerning this matter, please call:

Alicia Brown

954

596-9966

at ()

Name of Person

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

- * 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

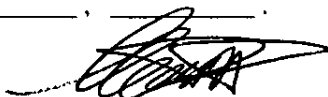
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Brown	4264 NW 1st Drive	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 October 28, 2014



Signature of a member or authorized representative of a member

Alicia Brown

Typed or printed name of signee