14000161284

(Re	equestor's Name)	•
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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TO: Registration Sect Division of Corpo	ion prations	•	
A&B Medic	cal Billing Solutions, LL	_C	
SUBJECT:	Name of Limit	ed Liability Company	
	mendment and fee(s) are subm	-	
	Alicia Brown		
		Name of Person	<u></u>
	A&B Medical Billing S	Solutions, LLC	
		Firm/Company	
	4264 NW 1st Drive		
		Address	
	Deerfield Beach, FL	33442	
		City/State and Zip Code	
	aliciabrown@myabace E-mail address: (to	COUNTING.COM be used for future annual report notificat	ion)
For further information con	ncerning this matter, please cal	11:	
Alicia Brown		954 596-9966	
Name of F	'erson	Area Code Daytime Te	lephone 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

MACHANIA SPARANCE OF THE STATE OF

A&B Medical Billing Solutions, 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 Florida document number L14000161284	were filed on Oct 15, 2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1761 W Hillsboro Blvd, Suite 403	
(Principal office address MUST BE A STREET ADDRESS)	Deerfield Beach, FL 33442	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the ne</u> <u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin 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 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

Title Name Address Type of Action

MGR William Brown 4264 NW 1st Drive Add

Deerfield Beach, FL 33442 Remove

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If amending any other informati	on, enter change(s) here: (Attach additional s	heets, if necessary.)
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	,	
Effective date, if other than the of the effective date must be specific, cannot the date this document is filed by the Flor	ate of filing: be prior to date of receipt or filed date and cannot be more ida Department of State)	(optional) e than 90 days after
Dated October 28	2014	
Dateu	—— · <u> </u>	
	The state of the s	
<u></u>	ignature of a member or authorized representative of a m	ember
Alicia Brown		
	Typed or printed name of signee	

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Filing Fee: \$25.00