## L14000178770

| (Re                     | questor's Name)   |           |
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| (Ad                     | dress)            |           |
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| (Cit                    | y/State/Zip/Phone | ·<br>= #) |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | Certificates      | of Status |
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## DAVID J. SCHOTTENFELD, P.A.

Ättorney at Law

7520 Northwest 5th Street Suite 203 Plantation, Florida 33317 Telephone (954) 316-5033 Fax (954) 316-5037

April 22, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Urgent Medical Billing, LLC Number L14000178770 Filed November 18, 2014

## Gentlemen:

Please find enclosed herein the Articles of Amendment to Articles of Organization for Urgent Medical Billing, LLC, together with check in the amount of \$25.00 représenting the Filing Fee for same, with respect to the above referenced matter.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,

ĎAVID J. SCHOTTENFELD

DJS/mib Encl

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| URGENT MEDICAL BILLING, LLC   |   |                             |
|---|---|-----------------------------|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li  | y as it now appears on our records.) ability Company) |                             |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000178770</u>   |   | and assigned                |
| This amendment is submitted to amend the following:   |   |                             |
| A. If amending name, enter the new name of the limited liabil   | ity company here:                                     |                             |
| The new name must be distinguishable and end with the words "Limited Liabil   | ity Company," the designation "LLC" o                 | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                             |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                             |
|   |   |                             |
| Enter new mailing address, if applicable:   |   |                             |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                             |
|   |   |                             |
|   |   |                             |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:   |   | nter the name of the nev    |
|   |   | 25 <b>3</b>                 |
| Name of New Registered Agent:   |   | 3> 35 <b>35</b>             |
| New Registered Office Address:  |   | ASS                         |
|   | Enter Florida street address                          | TO A                        |
|   | , Florid  |                             |
| N. B. C. L. A. G. C. C. C. C. D. C. D. C. D. C. C. | City  | Zip Gode                    |
| 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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> 757 SE 17 Street Suite 328 Christopher Walsh MGR ■ Add Ft Lauderdale, FL 33316 □ Remove 757 SE 17 Street Suite 328 Joseph Dumbroff **AMBR** \_□ Add Ft Lauderdale, FL 33316 Remove \_□ Add \_□ Remove □ Remove \_□ Add ☐ Remove

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| he effective date mus | other than the date of filing: t be specific, cannot be prior to date of receipt or filed date and cot is filed by the Florida Department of State) | (optional)<br>nanot be more than 90 days after |
|                       |   |  |
| Dated April           |   | Phru   |
| Dated April           | Signature of a member or authorized represen  | Chf Lutative of a member                       |
|                       |   |  |

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STAIRS