

L14 0001 78770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

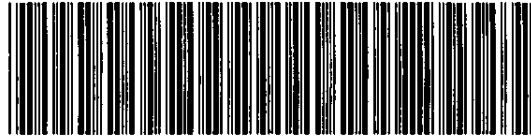
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILED MAY 01 2015

DAVID J. SCHOTTENFELD, P.A.

Attorney 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

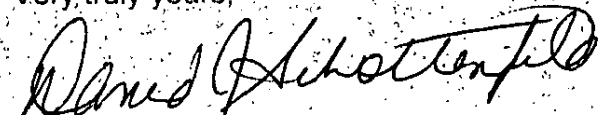
Gentlemen:

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 representing 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,



DAVID J. SCHOTTENFELD

DJS/mib
Encl

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	Christopher Walsh	757 SE 17 Street Suite 328	<input checked="" type="checkbox"/> Add
		Ft Lauderdale, FL 33316	<input type="checkbox"/> Remove
AMBR	Joseph Dumbroff	757 SE 17 Street Suite 328	<input type="checkbox"/> Add
		Ft Lauderdale, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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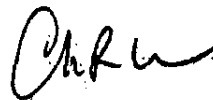
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 April, 2015



Signature of a member or authorized representative of a member

Christopher Walsh

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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