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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

June 15, 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. SCHØTTENFELD

DJS/mip Encl

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URGENT MEDICAL BILLING, LLC

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L14000178770	ompany were filed on 11/18/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the al	observation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)	144744	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:		the name of the new	<u>w</u>
		S. 2	
New Registered Office Address:	Enter Florida street address	70 5	
	. Florida	F. 2	7.
***************************************	City	Tip Chik 00	f lawy Maring
New Registered Agent's Signature, if changing Registered	I Agent:		7"7
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered agheing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and I am j gent as provided for in Chapter 605, F.S. Or,	familiär with and ``` if this doc um ent is	Ψ'',

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Joseph Dumbroff	757 SE 17 Street Suite 328	
		Ft Lauderdale, FL 33316	□ Remove
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
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lf an effectiv Note: If the	date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will seffective date on the Department of State's records.	strant.to (x05.1	1207 (3)(h) I as the
the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	he earlie	r of:
Dated	chslis ChRu		
	Signature of a member or authorized representative of a member		
	Christman Woolsh		

Page 3 of 3

Filing Fee: \$25.00