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| 1 | (Requestor's Name) |
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| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UF | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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416 05 2015 J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Practice Levenue Solutions 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: |
| Spencer Hastings Name of Person |
| Practice Revenue Solutions Firm/Company |
| 4801 S. University Or. Ste2300 |
| City/State and Zip Code |
| |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Spencer Hastings at (954) 907-6500 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \$100 Fil |

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 **OF**

| Practice have | Sompany as it now appear mited Liability Company) | ~5, CC rs on our records.) | | | |
|---|---|-------------------------------|------------------|--|-------------|
| The Articles of Organization for this Limited Liability Com | , , , | 3 25/20 | 015 and a | ssigned | l |
| Florida document number (150000 53074). | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, <u>enter the new name of the limited</u> | d liability company he | e <u>re</u> : | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the d | lesignation "LLC" or the | e abbreviation " | L.L.C." | — |
| Enter new principal offices address, if applicable: | | | | 껅 | |
| (Principal office address MUST BE A STREET ADDRES | (22) | | 3 - TE 2 | <u>~</u> | |
| Trincipus Office warress WOOT DE TISTREET TO DREE | | | ia il | _ | 71 |
| | | | | _ | |
| | | | 1112 | T | Ö |
| Enter new mailing address, if applicable: | | | 200, 5 % | <u>-25</u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> | - | |
| | | | | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | | our records, <u>ent</u> | er the nam | e of th | e new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Flor | rida street address | | | |
| | | , Florida | | | |
| | City | | Zip Cod | е | |
| New Registered Agent's Signature, if changing Registered A | gent: | | | | |

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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------------------|--|
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| e es | estive data if other than the date of filings | (0 | ntional) |
| Ե. Ե Ո (lfa | ective date, if other than the date of filing: | to date of filing or more than 90 days: | after filing.) Pursuant to 605.0 |
| <u>No</u> | te: If the date inserted in this block does not meet the application | able statutory filing requirements, | this date will not be listed |
| doc | nument's effective date on the Department of State's records. | | |
| | | | |
| | record specifies a delayed effective date, but no | t an effective time, at 12:0 | 1 a.m. on the earlier |
| (b) T | he 90th day after the record is filed. | | <u>≨</u> [|
| | | - | |
| Da | ed July 28th, 2015 | · | |
| _ • | J . | | (S) 축 쇼 |
| | | > | |
| | | | |
| | Signature of a tylember or author | orized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00