

L15000131919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

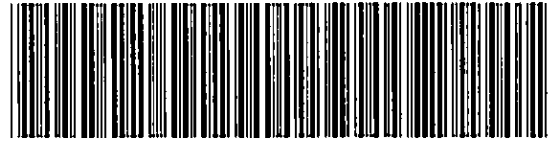
(Document Number)

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7/1/20

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2020

FRANK CALDARA
P. O. BOX 1363
LEHIGH ACRES, FL 33970-1363

SUBJECT: SOUTHWEST FLORIDA BILLING SOLUTIONS, LLC
Ref. Number: L15000131919

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ALL ADDRESSES BEING USED IN THE LLC MUST BE AN ADDRESS THAT CAN BE PUBLIC INFORMATION. WE WILL NOT FILE YOUR DOCUMENT UNLESS WE HAVE AN ADDRESS LISTED IN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 120A00011831

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Southwest Florida 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 were filed on 08/03/2015

Florida document number L15000131919

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLORIDA BUREAU OF INVESTIGATION, llc

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

"CONFIDENTIAL" Pursuant to F.S. 119

* 1201 BUSINESS WAY - STE 1363
LEHIGH ACRES, FL 33936-1363

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Frank Caldara

New Registered Office Address:

Enter Florida street address


Florida

City

Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
C (Chief)	Frank Caldara		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vickie L. Caldara		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 18th 2020


Signature of a member or authorized representative of a member

Frank Caldara

Typed or printed name of signee