15000210987

<u> </u>	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	itatus
Special Instructions	to Filing Officer:	

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12/07/17--01022--007 ++25.00



COVER LETTER

ток	Registration Sec Division of Corp			
		BILLING, LLC		
SORI	ECT:	Name of Limit	ed Liability Company	
The ei	iclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please	return all correspon	dence concerning this matter to	o the following:	
		LANCE BERMAN		
			Name of Person	·· ·
		MAX COMP BILLING, LL	.C	
			Firm/Company	
		1219 PERIWINKLE PL		
			Address	
		WELLINGTON, FL 33414		
			City/State and Zip Code	,
		LANCEB@MAXCOMPBIL		
			be used for future annual report notifi	cation)
For fu	rther information co	ncerning this matter, please cal	II:	
LANC	Name of	Person ()	954 610-6844 Area Code Daytime	Telephone Number
Enclo:	sed is a check for the	following amount:		
a) \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

MAX COMP BILLING, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records da Limited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability	Company were filed on 12/23/2015	and assigned
Florida document number L15000210987		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
		<u></u>
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	
		£ 5
Enter new mailing address, if applicable:		<u></u> ,
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new reg <u>istered office ad</u>		, enter the name of the ne
The second secon	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	s
	·	orida
	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>	Address	Type of Action
MBR	GATES, ELIZABETH A	1219 PERIWINKLE PL	
		WELLINGTON, FL 33414	
			Change
			Add
		<u>. </u>	Remove
			☐ Change
			
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change
	<u> </u>		Add
			□ Remove
			☐ Change

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			9.
			<u> </u>
tive date, if other than	the date of filing:	(optional)	arcumt to 605
If the date inserted in thi	s block does not meet the applicable statuto	ory filing requirements, this date wi	Il not be liste
nent's effective date on th	Department of State's records.		
cord specifies a dela e 90th day after the	yed effective date, but not an effecterord is filed.	ctive time, at 12:01 a.m. or	i the earlie
11/30	, 2017		

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Typed or printed name of signee

Filing Fee: \$25.00