

L16 0000 11394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

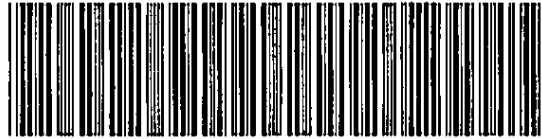
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2021 NOV 8 2:56
SECRETARY OF STATE
TALLAHASSEE, FLA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTA CODING GENIUSES, LLC
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:

Alta Monestime
Name of Person
Alta Coding Geniuses, LLC
Firm/Company
P.O. Box 822043
Address
Pembroke Pines, FL 33082
City/State and Zip Code
altam@altacodinggeniuses.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alta Monestime at (954) 451-0455
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

ALTA Coding GENUSES, LLC

2021 NOV 8 2:56

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/15/2016 and assigned
Florida document number L16 000011394.

This amendment is submitted to amend the following:

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

N/A

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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:

N/A

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>
CEO CFO President	Alta Monestime	P.O. Box 822043 Pembroke Pines, FL 33082 altam@altacodingeniuses.com 954-451-0455	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
VP of Operations	SADIE DORSANUVIL	P.O. Box 822043 Pembroke Pines, FL 33082 954-451-0455	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
VP Clinical Operations	Alta Monestime, PRN	P.O. Box 822043 Pembroke Pines, FL 33082 954-451-0455	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Executive VP Marketing Sales	Layla S Monestime	P.O. Box 822043 Pembroke Pines, FL 33082 954-451-0455	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
	Star Staffing Services, LLC Alta Monestime	P.O. Box 822043 Pembroke Pines, FL 33082 954-451-0455	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Alta Monestime, BS, RMC, CPMA, PRN	P.O. Box 822043 Pembroke Pines, FL 33082 (954-451-0455)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

IF it is added

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove current information under
Authorized Person / And Add

MBR

Alta Monesime, BS, RMC, CPMA, FRN

P.O. Box 822043 Pembroke Pines, FL 33082

954-451-0455

E. Effective date, if other than the date of filing: 11/01/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 01, 2021


Signature of a member or authorized representative of a member

Alta Monesime

Typed or printed name of signee