6000059005

(Requestor's Name)	
	Address)	
	Address)	
- (City/State/Zip/Phone #)	
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AND AHASSEE, FLORID.

SELECTION

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COVER LETTER

BILLING RESOLUTION CO	NSULTANTS LLC	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
EDWARD AMOS		
	Name of Person	
	Firm/Company	
1201 SWEET GUM DRIV	Ë	
	Address	
BRANDON FL 33511		
,	City/State and Zip Code	
		cation)
concerning this matter, please co	all:	
	813 833-7300 at ()	
of Person	Area Code Daytime	Telephone Number
he following amount:		
☐ \$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)
	Name of Lim Amendment and fee(s) are sub condence concerning this matter EDWARD AMOS 1201 SWEET GUM DRIV BRANDON FL 33511 E-mail address: (concerning this matter, please can of Person the following amount: \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Dondence concerning this matter to the following: EDWARD AMOS Name of Person Firm/Company 1201 SWEET GUM DRIVE Address BRANDON FL 33511 City/State and Zip Code E-mail address: (to be used for future annual report notificencerning this matter, please call: The following amount: \$\int \frac{813}{Area Code} \frac{833-7300}{Daytime}\$ The following amount: \$\int \frac{\$30.00}{Area Code} \frac{\$1100}{Daytime}\$ Certificate of Status \$\int \frac{\$55.00}{Certified Copy}\$

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

MEDICAL BILLING RESOLUTION CONSULTAN		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L16000059005</u> .	were filed on 03/23/2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
OAST TO COAST REAL ESTATE INVESTMENTS LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
		·
Mailing address MAY BE A POST OFFICE BOX)	Various Anna Anna Anna Anna Anna Anna Anna Ann	
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		ater the name of the
Name of New Registered Agent:		S
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RISA JONES	1201 SWEET GUM DRIVE BRAN	∃ Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			16 BY 20de H 3klo ALLA HASSEE. FLORIDA
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Ecc.	ive date, if other than the date of filing:	် လျှင် လျှင်	Ċ
Note:	ob/16/2016 (optional) fective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	Pursuant to will not be	605.0207 (3)(listed as the
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the ea	orlier of:
Dated	05/16/2016 Am Italian		
	The state of the s		
			-
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00