L16000121523

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COVER LETTER

TO:		ition Section of Corpor									
SUBJI	ECT:	Eli	te	Reve	enue	Serv ted Liability C	ices	LLC			
				Na	me of Limi	ted Liability C	Company				
The en	closed Art	icles of Am	endmen	t and fee(s) are subn	nitted for fili	ng.				
Please	return all c	corresponde	nce con	cerning th	is matter t	o the follow:	ing:				
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		MAILING Registratio Division of	n Sectio	n			Registr	ET/COUR ation Sect n of Corpo	ion	ODRESS:	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELite Revenue S (Name of the Limited Liability Compa (A Florida Limited)	ervices,	ЦC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appe Liability Company	ars on our reco)	<u>rds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L16000121523}$.	rwere filed on _	6 24	2016 and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company	here:			
Reliable Dental Billing S. The new name must be distinguishable and contain the words "Limited Liabi	ervices	LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
	erem b.1				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		on our recoi	ds, enter the name of the ne		
	_				
Name of New Registered Agent:	- 				
New Registered Office Address:					
Negistered Office Address.	Enter Florida street address				
			Florida		
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>-</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	of my duties, Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is		
If Cha	nging Registered	Agent, <u>Signatur</u>	re 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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> _□ Add ☐ Remove Change □ Add ☐ Remove ☐ Change _□ Ądd 🗖 Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove

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Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and block does not n	l cannot be prior neet the applic	to date of filing cable statutory f	r more than 90 days		
ne record specifies a delay The 90th day after the re		late, but no	et an effectiv	e time, at 12:	01 a.m. on th	ne earlier of
Dated May 315	<u>.</u>	2019	············			
Dated May 31 ⁵	Signature of a r	ony memberor auth	Casta orized representa	Uo		

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