L17000044086

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Office Use Only



700316052007

07/31/18--01009--029 **52,50

08/22/18--01003--004 **7.50

SECRETARY DESIGNED

M. MILLIGAN AUG 23 2018



August 10, 2018

YAIMAIME RUIZ CODING EXPERT SERVICES, LLC 8931 NW 111 TERR. HIALEAH GARDENS, FL 33018

SUBJECT: YAIMAIME RUIZ CODING EXPERT SERVICES, LLC

Ref. Number: L17000044086

We have received your document for YAIMAIME RUIZ CODING EXPERT SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan Senior Section Administrator Letter Number: 218A00016493

ATT: Michelle Milligan

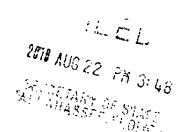
COVER LETTER

TO:	Registration Se Division of Cor				
eun m		E RUIZ CODING EXPERT S	ERVICES, LLC		
SUBJE	C.1;	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		YAIMAIME RUIZ			
			Name of Person		
		YAIMAIME RUIZ CODI	NG EXPERT SERVICES,	LLC	
			Firm/Company		
		8931 NW 111 TER			
			Address		
		HIALEAH, FL 33018			
			City/State and Zip Code		
yaimyr84@gmail.com					
		E-mail address: (to be used for future annual re	port notification)	
For furt	her information c	oncerning this matter, please co	all:		
YAIM	AIME RUIZ			5395	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ S25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	

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



YAIMAIME RUIZ CODING EXPERT SERVICES, 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 02/24/2017	and assigned	
Florida document number 1.17000044086			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
EXPERT MED CODING SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8931 NW 111 TERRACE HIALEAH GARDENS, FL 33018		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		r the name of the new	
Name of New Neglacies // Ngcin.			
New Registered Office Address:	Enter Florida street address		
	Florida		
	, Florida _	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:			
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 my duties, and I an provided for in Chapter 605, F.S. O	r familiar with and r, if this document is	

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	
			Add	
			Remove	
			Change	
			Remove	
			🗅 Change	
			Add	
			□ Remove	
			Change	
			Add	
			🗆 Remove	
			Change	
			Add	
			☐ Remove	
			☐ Change	
			Add	
			☐ Remove	
			Change	

D. If amending any	y other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)	
,			
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₩4F.			,
			-
			-
		- -	
			•
			
			
		, <u> </u>	
Note: If the date i	f other than the date of filing:	l) g.) Pursuant to 60: e-will not be list	5.0207 (3)(b) ed as the
	cifies a delayed effective date, but not an effective time, at 12:01 a.m y after the record is filed.	, on the earli	er of:
Dated <u>08/</u>	116/2018		
			24
	Signature of a member or authorized representative of a member / Aimaime Ruiz Type of a printed name of signee		
	Typed or printed name of signee		22 P
	Page 3 of 3		54 3: 48 21 3: 48
	Filing Fee: \$25.00		တ