

L170000 50245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

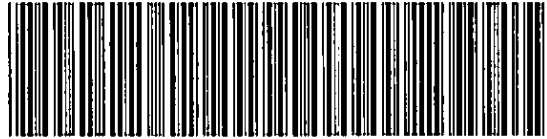
(Business Entity Name)

(Document Number)

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03/23/20--01017--014 **25.00

2020 APR 23 PM 1:57

R. WHITE
APR 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXACT BILLING SOLUTIONS 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:

Gary N. Gerson, ESQ

Name of Person

EXACT BILLING SOLUTIONS LLC

Firm/Company

3001 PGA Boulevard, Suite 305

Address

City/State and Zip Code

Palm Beach Gardens, FL, 33410

ggerson@exactbilling.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Gerson

561 471-3515

at ()

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

EXACT BILLING SOLUTIONS LLC

2020 MAR 23 PM 1:57

(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 03/03/2017 and assigned
Florida document number L17000050245.

This amendment is submitted to amend the following:

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

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:

(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 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:

Gary N. Gerson

New Registered Office Address:

3001 PGA Boulevard , Suite 305

Enter Florida street address

Palm Beach Gardens

, Florida 33410

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.

DocuSigned by:

Gary N Gerson

If Changing Registered Agent, Signature of New Registered Agent

ge, 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>
MGR	BARNETT, CHRIS	560 Village Blvd.	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33409	<input type="checkbox"/> Change
MGR	IRVINE, NATHANIEL	131 DANIEL WEBSTER HWY	<input type="checkbox"/> Add
		SUITE 112	<input checked="" type="checkbox"/> Remove
		NASHUA, NH 03060	<input type="checkbox"/> Change
MGR	MCDONOUGH, EDMUND	32 LOCK ST	<input type="checkbox"/> Add
		NASHUA, NH 03064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Filing Fee: \$25.00