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2017 JUL 10 PH 3: 5

W. HARRIS

COVER LETTER

	tion Section of Corporations		
SUBJECT:	DRIS BILLI Name of L	UG OWE (IC imited Liability Company	<u>, </u>
The enclosed Artic	cles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all co	orrespondence concerning this matt	er to the following:	
	Futuk 4384 F WEST	Name of Person 2E NOW DE Firm Company PURPLY LAWE, Address PALL BEACH City/State and Zip Code FILLER NOW X	TOX
For further inform	E-mail dddress		cation)
101 Related Internal			12 0 ~ 0 2
<u>FINDRA</u>	Name of Person	at (780) - 99 Area Code Daytime	Telephone Number
Enclosed is a chec	k 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dr's Billing Or	ve company as it now appears on a	ur records.)
(A Florida	y Company as it now appears on o Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>17001314</u>	Sompany were filed on $\frac{51}{8}$	22/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	tion "LLC" or the horevia in "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		ည့် ယ
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regist		records, enter the name of the ne
registered agent and/or the new registered office addr	<u>ress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	C Cl. : 1	D.
	Enter Florida str	
	City	, Florida Zφ 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

Name Address Type of Action Title ☐ Remove ☐ Change □ Add □ Remove □ Change ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PIEASE ADD ANDREY ROSSIN
AS AN EGUAL CRUNER J
MANAGER AS DENIS CEONTEN.
BOTH HAVING TITIE MANAGRER & REGISTERS
AGGUT ACCESSI
THANK I MI
1111111 (July 1)
<u> </u>
512717
E. Effective date, if other than the date of filing: 5 2 7 (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)
<u>Note:</u> 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.
06/192/17
Dated OO C T T T T T T T T T T T T T T T T T
Signature of a member of authorized representative of a member
ANDREW ROSSIN DENUS LEONFEY
Page 3 of 3

Filing Fee: \$25.00