17000123609

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CELCHIASSER
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	(COVER LETTER	
TO: Registration S Division of Co			
In-House I	Billing Solutions, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Joyce Smitter		
		Name of Person	
	In-house Billing Solutions,		
		Firm/Company	
	720 SW Tanglewood Trail		
		Address	
	Stuart, FL 34997		
	Joyce@in-housebillingsolut	City/State and Zip Code	
		o be used for future annual report notification)	
For further information	concerning this matter, please ea	dl:	
Jacob Smitter		954 214-0640	
	of Person	at () Area Code — Daytime Telephone Number	-
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	Certificate of Status	 ☐ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee Certified Copy radditional copy is enclosed) ☐ \$60,00 Filing Fee Certificate of S Certified Copy radditional copy is 	tatus &
Regis Divisi P.O. I	JNG ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000123609</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" of	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 of registered agent and/or the new registered office address here		enter the name of the

Name of New Registered Agent:		<u>_</u>
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</u> being <u>added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Joyce Ann Smitter	720 SW Tanglewood Trail Stuart, F	🖶 Add
			D Remove
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			🖸 Remove
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			🗆 Remove
			Change
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			🛛 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated	JUNE 14 . 2017	
	Signature of a member or authorized representative of a member	-
	JOYCE A. SMITTER	
	Typed or printed name of signee	

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Filing Fee: \$25.00