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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: MOBILE PAYMENTS Name of Limited L	
Name of Connect to	Sability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to th	e following:
Paula	JASPER Name of Person
Mobila	PAYMENTS RECOVERY LLC
	Firm/Company
.600 I	3VA CHOTALOGIC
 	Address
<u>DAYTONA</u>	BEACH FLADRIDA 32114
Paula @ medic	ay/State and Zip Code A Payments recovery. Com used for future annual report notification)
For further information concerning this matter, please call:	
Solitation information contesting and indice, produce carrie	
DAVID JASPER	at (813) 909-5910
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \(\sum \) 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

MEDICAL PAYMENTS RECOVERY LLC
(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability (Company)
	led on 6/13/2017 and assigned
The Articles of Organization for this Limited Liability Company were fil	led on and assigned
Florida document number <u>L17000129435</u>	
TT 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
•	
Francisco de la constanta de l	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1
•	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
N B 100 111	
New Registered Office 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 ac	
provisions of all statutes relative to the proper and complete perform	
accept the obligations of my position as registered agent as provided	d for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	s, I hereby confirm that the limited limitity
company has been notified in writing of this change.	
	86 T E
If Changing Reg	gistered Agent, Signature of New Registered Agent
	[S] S
Page 1 of 3	

	rom our records:	inge, enter the	nee, name, and address of each	person being add
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
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		- · · · · · · · · · · · · · · · · · · ·	32114	d Remove
				Change
CEO.	DAVID JASPER	601 In	YAW WOITAVOUC	Q add
		DAYto	DA BEACH FL	☐ Remove
		•	39114	LI Remove
				Change
PRESIDEN	ot Paula Jasper	601	INNOVATIONUA	- GAdd
		DAYto	NA BEACH FL	. Remove
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If amending	any other information, e	nter change(s) he	re: (Attach ad	dditional sheet	s, if necessa	ry.) ·	
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fan effective da <u>Note:</u> If the d	e, if other than the date of the is listed, the date must be spec- ate inserted in this block does fective date on the Departme	cific and cannot be pries s not meet the appl	icable statutory	g or more than 90		g.) Pursuant	
	pecifies a delayed effect day after the record is		ot an effect	ive time, at	12:01 a.m	. on the ϵ	earlier of
Pated	7/3/17	· · · · · · · · · · · · · · · · · · ·				T 53	
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Filing Fee: \$25.00