

L17000129435

(Requestor's Name)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 03 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOBILE PAYMENTS RECOVERY 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:

PAULA JASPER

Name of Person

MOBILE PAYMENTS RECOVERY LLC

Firm/Company

600 INNOVATION AVE

Address

DAYTONA BEACH FLORIDA 32114

City/State and Zip Code

Paula@medicalpaymentsrecovery.com

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

For further information concerning this matter, please call:

DAVID JASPER

Name of Person

at (813) 909-5910

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/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)

The Articles of Organization for this Limited Liability Company were filed on 6/13/2017 and assigned  
Florida document number L17000129435

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:

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**

FILED  
AUG - 1 3:09  
CLERK OF  
STATE  
TREASURY  
FLORIDA



[illegible]

6/13/2017

**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.

Dated 11/21/17

7/31/17

Paula Grupe

Signature of a member or authorized representative of a member

PAULA JASPER

Typed or printed name of signee

FILED  
17 AUG - 1 PM 3: 09  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA