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(Re	questor's Name)	
—— (Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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· COVER LETTER

TO:

	egistration Se- ivision of Corp			
0110 ID 600	. 1	ESTRED BIL	LING SOLUTI	ONS
SUBJECT	: <u>U</u>		ited Liability Company	.010
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	İ
		GELON	YA FIELDS Name of Person	•
		DESTRE	D BTUJNG SOI Firm/Company	LUTIONS
		5131 SANI	DUSKY AVE Address	
			ORTH FL 3346 City/State and Zip Code	
		GELONY	PF @ AOL, COM to be used for future annual report notif	*
For further	information co	oncerning this matter, please ca		ncation)
G	ELONYA Name of	A FIELDS Person	at (561) 614- Area Code Daytime	9459 Telephone Number
Enclosed is	s a check for th	e following amount:		
	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DESTRED BILLING SOLUTIONS	
(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 81117 and assigned Florida document numberL17000164183.	
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)	
(mailing titudess MAT BE A FOST 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	
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 wit 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 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

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = At	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gelonya FIELDS	5131 SANDUSKY AVE	W Add
		LAKE WORTH FL 3346	Remove
		!	Change
			🗆 Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
		!	Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change

: If amending any other information, enter change(s) here: (Attach additional sheets. if n	ecessary.)	
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	ptional) fler filing.) Pursuant to 60 this date will not be lis	05.0207 (3)(sted as the
the record specifies a delayed effective date, but not an effective time, at 12:0) The 90th day after the record is filed.	1 a.m. on the earl	lier of:
Dated August 02 . 2017.		
Signature of a prember or authorized representative of a member		
GELONYA FIELDS Typed or printed name of signee	} ·	

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Filing Fee: \$25.00