

48000055982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

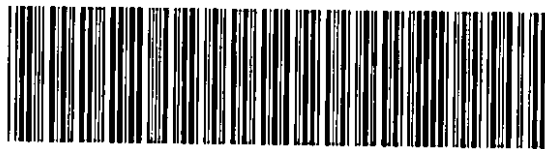
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2019 JAN -3 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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UHS
1-7-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2018

VERNALISSA SANDOVAL -STELLATO
1000 DOUGLAS AVE #8
ALTAMONTE SPRINGS, FL 32714 US

SUBJECT: VLSS BILLING & CODING,LLC
Ref. Number: L18000055982

We have received your document for VLSS BILLING & CODING,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3/3 missing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 418A00025537

2019 JAN -3 1:11:26

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VLSS Medical Billing & Coding, 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 March 2, 2018 and assigned Florida document number L18000055982.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N.A.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N.A.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N.A.

(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:

Vernalissa Sandoval-Stellato

New Registered Office Address:

N.A.

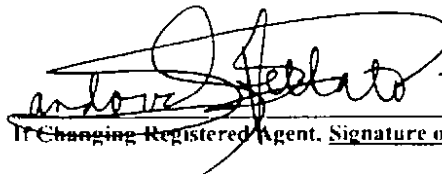
Enter Florida street address

Florida

City

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

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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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGM	Vernlissa Sandoval-Stellato	1000 Douglas Avenue#8 Altamonte Springs, FL 32714	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGM	Vernalissa S. Samson	1000 Douglas Avenue#8 Altamonte Springs, FL 32714	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: _____ (optional)

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 November 27

~~2018~~

2018

Antonio Gellato

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Vernalissa Sandoval-Stellato

Typed or printed name of signee