

L18000088999

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Med Bill Connect 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:

Monica Uscategui

Name of Person

Greenlight Financial, LLC

Firm/Company

7480 Bird RD Ste. 810

Address

Miami FL, 33155

City/State and Zip Code

MUscategui@greenlightfinancial.net

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

For further information concerning this matter, please call:

Monica Uscategui

Name of Person

at ( 305 )

Area Code

860-5970

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**

MedBillConnect 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 04/09/18 and assigned  
Florida document number L180000 88999.

This amendment is submitted to amend the following:

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

MedBill Connect LLC

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)

1172 South Dixie Hwy, #461  
Orlando, FL 32816

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:

Greenlight Financial LLC

New Registered Office Address:

7480 SW 40th St Ste 810

Enter Florida street address

Miami

City

Florida

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Lisa Tomas	1401 SW 107 Ave Ste 301A	<input type="checkbox"/> Add
		Miami, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Olga Sardinas	1401 SW 107 Ave Ste 301A	<input type="checkbox"/> Add
		Miami, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LTS Holdings Corp.	1401 SW 107 Ave Ste 301A	<input checked="" type="checkbox"/> Add
		Miami, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OL Holdings Corp	1401 SW 107 Ave Ste 301A	<input checked="" type="checkbox"/> Add
		Miami, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated

05/08/18

*Rita J. [Signature]*  
Signature of a member

Signature of a member or authorized representative of a member

Lisa Tomas

Typed or printed name of signee