

L18000139917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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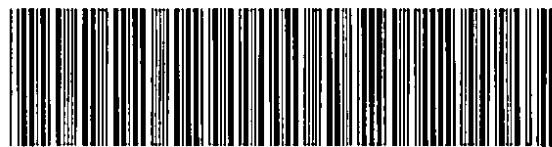
(Business Entity Name)

(Document Number)

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JUL 24 2020

SEP 11 2020

S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
WILMINGTON, DE

2020 JUL 24 AM 7:20

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AGT MEDICAL BILLING 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:

Tamara Peart

Name of Person

AGT MEDICAL BILLING LLC

Firm/Company

9061 PRESTON PLACE

Address

TAMARAC FL 33321

City/State and Zip Code

TAMARAPEART21@GMAIL.COM

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

For further information concerning this matter, please call:

TAMARA PEART

954

7983307

at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AGT MEDICAL BILLING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 JUL 24 AM 7:20
CLERK OF CIRCUIT COURT
FLORIDA 22ND JUDICIAL CIRCUIT
MIAMI, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/06/2018 AND 03/11/2020 and signed
Florida document number L18000139917.

This amendment is submitted to amend the following:

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

AGT MEDICAL BILLING SOLUTIONS 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:

9061 PRESTON PLACE TAMARAC FL 33321

(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

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

[illegible]

WE ARE A MEDICAL BILLING COMPANY

(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)

Dated 7/18/2020

Signature of a member or authorized representative of a member

TAMARA PEART

Typed or printed name of signee