

L19000004782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

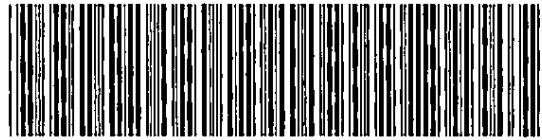
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received an email with Amendment
corrections from Kim Creech on
3/26/2019

ST

Office Use Only



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03/04/19--01013--008 **25.00

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MAR 26 2019

FILED
19 MAR 26 4 11 PM '19

Amended



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2019

JARED ANDIA
LEGACY BILLING SOLUTIONS, LLC
321 NORTHLAKE BLVD, STE 210
NORTH PALM BEACH, FL 33408

SUBJECT: LEGACY BILLING SOLUTIONS, LLC
Ref. Number: L19000004782

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return 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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00005204

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Billing Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered ~~Agent~~ ^{Amendment} /Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jared Andia
Name of Person

Legacy Billing Solutions, LLC
Firm/Company

321 Northlake Blvd, Ste 210
Address

North Palm Bch, FL 33408
City/State and Zip Code

Kim@Soberlifenow.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Creech at (561) 312-1144
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Legacy Billing Solutions, 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 11/2/19 and assigned Florida document number L19000004782

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

321 Northlake Blvd
Suite 205
North Palm Bch, FL 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

321 Northlake Blvd
Suite 210
North Palm Bch, FL 33408

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eva I Dudek	1605 Prosperity Farms Rd	<input type="checkbox"/> Add
		Lake Park, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AmBR	Jared Andia	321 Northlake Blvd	<input checked="" type="checkbox"/> Add
		Suite 205	<input type="checkbox"/> Remove
		North Palm Bch, FL 33408	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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) of the Rules of the State Bar of Texas, for non-admission filings, this date will not be listed as the effective date of the filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Robert Salmons

Robert Salmons

Filing Fee: \$25.00