## L19000109896

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

	•	COVERBETTER	
FO: Registration Sec Division of Corp			
SUBJECT: Healt	ncare Accountly	ng Services LLC ited Liability Company	······································
The enclosed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Pleuse return all correspor	idence concerning this matter	to the following:	
	Patricia	Sanz	
		Name of Person	
		Firm/Company	<del></del>
	2326 S. Co	ngress Ave, 20	
	West Palm	Deach Fl 3340 City/State and Zip Code	6
	JJ US to @ r E-mail address: (	ralth care - account to be used for future annual report notific	nting. com
For turther information co	neeming this matter, please c.	ali:	
Patricia Son Name of	MZ Person		5510 28 SEP 17
linelosed 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)	S60.00 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**

Healthcare Ac	COLLATI Liability Con Florida Limit	19 St ipany as it n ed-Erability (	ervices, ow appears on our ompany)	records.)			
The Articles of Organization for this Limited Liab	ility Compa 396	ny were fil	ed on <u>04</u> 2	3/2019		and as	ssigned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited li	<u>ability con</u>	ipany here:				
The new name must be distinguishable and contain the word	ds "Limited Li	ability Comp	any," the designation	on "LLC" or th	e abbrevi	ation "I	L.C."
Enter new principal offices address, if applicab	le:						
(Principal office address MUST BE A STREET)	ADDRESS)	<del></del>			्र <u>च</u> ्च	2020	
		<del></del>	<u> </u>			SEP 17	
Enter new mailing address, if applicable:					<u>9)</u>	<u> </u>	, Long
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				<u> </u>	<del>6</del> : 00	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered offic here:	e address	on our recor <b>d</b> s,	enter the n	ame of	the ne	<u>w registere</u>
Name of New Registered Agent:	Pat	ricia	Sanz			_	
New Registered Office Address:	2326	, <u>S. C</u>	OMATES Enter Biorida strre	Ave, 2	<u>D</u>		
	West	Palm	Beach	, Florida	33-	40 <u>6</u>	
New Registered Agent's Signature, if changing Res	ristered Age	City nt:			7.	ip Code	

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 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>	Address	Type of Action
MGR	Ramos, Christine	2326 S. Congress Ave, 2	.D_ □Add
		West Palm Beach, F1 33	100 Remove
			□Change
MGR	Sanz, Patricia	2326 S. Congress Ave, 20	M∆dd
		West Palm Beach, F1.33	106 Remove
			Change
<del></del>			🗆 Add
			□Remove
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or motote:  If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	(optional) re than 90 days after filing requirements, this date	.: Pursu	ant to 60 of he lis	05.020 sted a:
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or is tiled.	n the earlier of: (b) Th	ne 90th	day aft	er the
September 11 ,2020				
	of a member			