## L19000 164590

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S. YOUNG

## **COVER LETTER**

	***
SUBJECT: Accurate Co	cling Solutions, LLC Limited Lightity Company
The enclosed Articles of Amendment and fee(s) are	
Please return all correspondence concerning this ma	atter to the following:
Abl	Name of Person
Accurate	Coding Solutions, LLC Firm/Company
104 Pas	chel Focad Address
Palatt	City/State and Zip Code
Accurate Co E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Abbie Meadows Name of Person	at ( <u>U70)</u> <u>SOS-9056</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	
Mailing Address:	Street Address:

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

Registration Section

**Division of Corporations** 

TO:

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

		Or	
٠ ا	Coollar	Solutions	116

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Accurate Florida document number L19000 164590. 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) 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

## 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jason. C. Meadows	104 Rachel Ruad	□Add
		104 Rachel Ruad Palatka, Fi 32177	emove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If th	late, if other than the date of filing:
If the record sporecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member of a member
	iAbbie J. Mecclous Typed or printed name of signee