L19000 206 42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

OCT 14 2019

C. Ka

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANA 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:

LUIZ SANTOS
Name of Person

GUZY AMERICA LLC
Firm/Company

18288 COLLINS AVE #1
Address

SUNNY ISLES BEACH, FL 33160
City, State and Zip Code

SUNDAY007770@GMAIL.COM
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIZ SANTOS at 786 773 6700
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

ANA MEDICAL BILLING 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 AUGUST 13, 2019 and a

Florida document number: L19000206427

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

18288 COLLINS AVE Su
SUNNY ISLES BEACH, Fl

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

18288 COLLINS AVE
SUNNY ISLES BEACH,

B. If amending the registered agent and/or registered office address on our records, enter the nam 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 Co

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 co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered A

or removed from our records.

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type
MGR	SORROSAL FATIMA	401 E. LAS OLAS BLVD	☐
		SUITE 1400	☒
		FORT LAUDERDALE FL 33301	☐
MGR	GUZY AMERICA LLC	18288 COLLINS AVE SUITE	☒
		SUNNY ISLES BEACH FL 33160	☐
			☐
			☐
			☐
			☐
			☐
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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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea
(b) The 90th day after the record is filed.

Dated September 20th 2019

Signature of a member or authorized representative of a member

LUIZ SANTOS

Typed or printed name of signee

Filing Fee: $25.00