· · ·	
L'ART	226 134
(Requestor's Name) (Address) (Address)	700336642547
(City/State/Zip/Phone #)	11708/1901009028 * *25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	THLED WID NOV -D A 8:57 WILLAHASSELFLORIDA
Office Use Only	



TO:		ation Se	ction porations		
		ediSourc	e Billing & Consulting LLC		
SUBJ	IECT:		Name of Lim	ited Liability Company	
The e	nclosed At	ticles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all	correspo	ndence concerning this matter	to the following:	
			Stanley Peplinski		
				Name of Person	
			MediSource Billing & Consi	ulting LLC	
Firm/Company					
			21 Acacia St.		
				Address	
			Clearwater Beach, FL 3376	57	
			stanleypeplinski@gmail.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report not	fication)
For fi	urther infor	mation e	oncerning this matter, please ca	all:	
Stan	ley Peplin	ski		312 497-4108	
		Name o	f Person	Area Code Daytim	e Telephone Number
Encio	osed is a ch	eck for th	ne following amount:		
₿ \$	25.00 Filir	ıg 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)
		Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	ก
			issee, FL 32314	2661 Executive Co Tallahassee, FL 32	

COVER LETTER

، .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		' y •••	
MEDISOURCE BILLING & CON			
(Name of the Limite	ed Liability Compa (A Florida Limited	iny as it now appears on our records.	
The Articles of Organization for this Limited Li	ability Company	were filed on 09/10/2012 NOV - 8 A Bdgspigned	
Florida document number L19000228734	<u></u> .	CONTRACTOR OF STATE	
This amendment is submitted to amend the follo	OF CHE TARY OF STATE- TALUAHASSEE, FUORIDAT		
A. If amending name, enter the new name of	the limited liab	pility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	2686 Brattle Ln	
(Principal office address MUST BE A STREET ADDRESS)		Clearwater, FL 33761	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2686 Brattle Ln	
		Clearwater, FL 33761	
B. If amending the registered agent and/ registered agent and/or the new registered of	•	ffice address on our records, <u>enter the name of the new</u> <u>re</u> :	
Name of New Registered Agent:			
New Registered Office Address:	2686 Brattle L	_n	
<u></u>	·····	Enter Florida street address	
	Clearwater	Florida 33761	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Stanley J Peplinski	<u>Address</u> 2686 Brattle Ln	Type of Action
AMBR		Clearwater, FL 33761	Add
			Remove
			Change
AMBR	Nathan M Smith	2686 Brattle Ln Clearwater, FL 33761	Add
			C Remove
			E Change
	_ _		Add
			Remove
			Change
			Add
			C Remove
			Change
			🛛 Add
			Remove
			Change
			Add
			Remove
		<u></u>	🖸 Change

D.	If amending any other information	, enter change(s) here:	(Attach additional	sheets, if necessary.)

. . .

 · · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · ·

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.

Dated	October 31	2019	
	·····		
		Matt fruit	
		Signature of 4 member or authorized representative of a member	
	Nathan M Smit	th	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00