121000068684

(Red	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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1/26/24

COVER LETTER

TO:

Tallahassee, FL 32314

	ration Sec n of Corp	ction porations				
	reamlin	ed Billing Solutions, LL	С			
SUBJECT:		Name of Limi	ted Liability Compan	y		
The enclosed Ar	ticles of a	Amendment and fee(s) are subr	nitted for filing.			
Please return all	correspo	ndence concerning this matter t	o the following:			
		Kattie Valle				
		<u> </u>	Name of Perso	n		
		Streamlined Billing S	olutions			
		•	Firm/Company	y.	<u> </u>	
		7901 4th St N STE 3	00			
			Address			
		St. Petersburg FL 33	702			
		kattie@streamlinebilli	City/State and Zip ngsolutions.com			207
		E-mail address: (t	o be used for future a	nnual report notif	ication)	وي السيط الأراضية السيط المدارسية
For further infor	mation c	oncerning this matter, please ca	W:			#-8 #
Kattie Valle			407 at (906 1332		三流 宝
	Name o	f Person	Area Code	Daytime	Telephone Number	2024 JAH -8 AH 10: 04
Enclosed is a ch	eck for th	e following amount:				
□\$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional copy	ру	Certified	te of Status &
Regist Divisi	g Addres tration S ion of C Box 632	Section orporations	Re Di	eet Address: gistration Sec vision of Corp e Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Streamlined Billing Solutions,		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi L21000068684	ility Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	<u> </u>	.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		222
	and the second s	
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, <u>enter the</u> nere:	
Name of New Registered Agent:		THE P
New Registered Office Address:		F7 -
	Enter Florida street address	
	, Florid	a Zip Code
	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 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
AMBR	Uriel D Mendoza	7901 4th St N STE 300 St. Petersburg FL 33702	Add
			∠ Remove
			Change
			□Add
			Remove
			Change
			∏Add
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	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.02/ lling requirements, this date will not be listed a
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after th
January 3	2024	
:u		
January 3 Matter Ville	Signature of a member or authorized representat	ive of a member