## K21000193361

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## **COVER LETTER**

TO: Registration Section

Division of Co	rporations		
	E CYCLE SOLUTIONS, LLC		^
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JEFFREY L. SAUEY		
		Name of Person	
	JEFFREY L. SAUEY, P./		
		Firm/Company	
	1721 SE 16th Avenue, Su		
		Address	
	Ocala, Florida 34471		
		City/State and Zip Code	
	jsaucy@saucylaw.com		
	E-mail address: (	to be used for future annual report not	(iffication)
For further information	concerning this matter, please c	all:	
ROBERT L. SCHAFE	R	352 804-3793 at ()	
Name	of Person	Area Code Daytir	ne 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 Addre		Street Address:	
Registration Section		Registration Se Division of Co	
Division of Corporations P.O. Box 6327		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVENUE CYCLE SOLUTIONS, ELC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	1 que records.)
The Articles of Organization for this Limited Liability Company were filed on April	26, 2021 and assigned
Florida document number L21000193361	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	1
REVENUE CYCLE SYSTEMS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
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)	
	-
	, ,
3. If amending the registered agent and/or registered office address on our reco	rds, enter the name of the new regis
gent and/or the new registered office address here:	
	1 <sup>1</sup>
Name of New Registered Agent:	- · · · · · · · · · · · · · · · · · · ·
New Deviators d OCC on Addresses	15
New Registered Office Address:  Enter Florida	street address
	. Florida
City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

DEVENIUS OVOLS COLUTIONS ALC

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Remove
			☐Change
			□Add
			Remove
			☐ Change
			□Add
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			Remove
			CiChanas

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Dated 5/20 , 2021 .  Signature of a member of authorized representative of a member	Note: If the dat	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	record specified is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	/	
	فرسىــــ	Signature of a member or authorized representative of a member
ROBERT L. SCHAFER		
	ROP	ERT L. SCHAFER

Filing Fee: \$25.00