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COVER LETTER

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CHEGG		T MEDICAL BILLING SERV	ICES, LLC	
SUBJECT		Name of Lin	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		SHARON M. RUPP		
				
				
		4665 TIMUQUANA ROA	D	
		JACKSONVILLE, FL 322	10	
			City/State and Zip Code	
			LINGSYSTEMS@GMAIL.COM	
For further:	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)	
SHARON I	RUPP		904 408-3070 at ()	.· : • • •
	Name of	f Person	Area Code Daytime Telephone N	10
Enclosed is	a check for th	ne following amount:		$\geq \frac{1}{2}$
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	n.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Re	ailing Address	Section	Street Address: Registration Section	
	vision of Co D. Box 632	orporations 7	Division of Corporations The Centre of Tallahassee	
Ta	llahassee, F	FL 32314	2415 N. Monroe Street, St	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EFFICIENT MEDICAL BILLING SERVICES, LLC						
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on JULY 23, 2021	and assigned				
Florida document number L21000334911						
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 Liab	Bity Company," the designation "LLC" or the a	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)						
B. If amending the registered agent and/or registered office	address on our records onton the new	no of the new register				
agent and/or the new registered office address here:	address on our records, enter the har	ne of the new register				
	ja ja	45				
Name of New Registered Agent:	····	<u>.</u>				
New Registered Office Address:						
	Enter Florida street address	1/2				
 .	, Florida	× .1				
	City	Zip Code				

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.

New Registered Agent's Signature, if changing 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SHARON M. RUPP	4665 TIMUQUANA ROAD	
		JACKSONVILLE, FL 32210	□Remove
			□Change
			□Add
			□Remove
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in effective date is listed, ote: If the date inserted becament's effective date.	than the date of filing the date must be specific and in this block does not be on the Department of the defective date, but not be defective date, but not be the defective date, but not be the defective date.	d cannot be prior to da neet the applicable State's records.	e of filing or more than statutory filing requi	rements, this da	ng.) Pursuant te will not b	be listed as

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