Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004311543)))



H230004311543ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for fixture annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DS BILLING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

				•	**************************************	,	
				\$ A			
Art	icles of An	iendn	aent to I	LC Arti	cles of O	rganizal	tion of
	Ds BIII	ng Se	rices (CC			
	The Articles of06/27/2	Organiza	tion for this	Limited Lial	oility Compar rida documer	y were filed at number	OÜ
	This	emendn	nent is subm	itted to ame	nd the following	ine.	
Ao	d Manager	Ravo	tel Go	icua	a die lonew	ing.	
	10430 EW	216 87	•				V
	nuani	FC	38150	1	1 A		
	·			Lide	ne de		
				7 []			
		·	· · · · · · · · · · · · · · · · · · ·				^
				· · · · · · · · · · · · · · · · · · ·	 1.		
					<u> </u>		20:
	<u> </u>						.3 DE
These auti	alan ast a us Ju.						
r west at th	cles of amendme	ant were a	adopted on	12/8/202	3		
Dated	12/8/2023	A					الا ا0: 44 ان ا
			JET .		*		t.
	Signatu	THE RESERVE	nber or author	zed representa	tive of a membe	er	da y
		<u>/</u>	Soani Fuer	name of aigne			
New Regist I hereby acceptosition	ered Agent's Sig pt the appointment	manma ii	ر مان سام المان			obligations of	f the