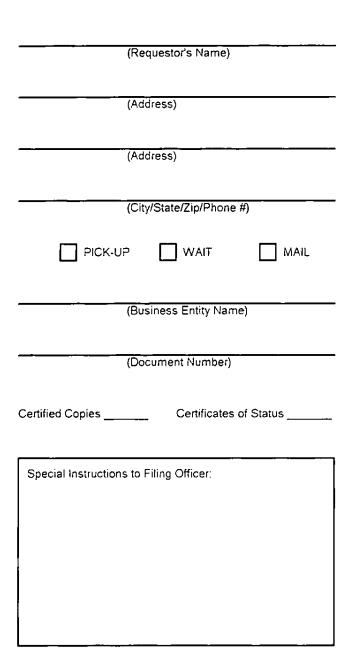
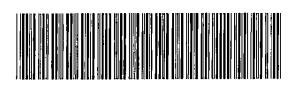
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Office Use Only



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## **COVER LETTER**

	legistration Solivision of Co			
SUBJECT	Clinical So	lutions Consulting and Billing		•
SUBJECT	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		Siriporu Cerber		
			Name of Person	
		Clinical Solutions Billing	and Credentialing	
			Firm/Company	
		9555 SW 175th Terrace, #	559	
		<del> </del>	Address	·
		Palmetto Bay, FL 33157		
			City/State and Zip Code	
		siri@clinicalsolutionsbilling	=	
		E-mail address: (	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
Siriporn C	erber		305 562-0044	
	Name o	f Person	<del></del>	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations			Division of Corporations	
	O. Box 632		The Centre of T	Tallahassee
Tallahassee, FL 32314			2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clinical Solutions Consulting and Billing		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our re Liability Company)	eçords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000045757</u> .	were tiled on 01/24/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Clinical Solutions Billing and Credentialing LLC	•	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9555 SW 175th Terrace, #	559
(Principal office address MUST BE A STREET ADDRESS)	Palmetto Bay, FL 33157	202
		= = =
		2 7
Enter new mailing address, if applicable:	•	SS 7
(Mailing address MAY BE A POST OFFICE BOX)		
Manage danses, MAT BEAT OST OFFICE BOAY	<del></del> .	नहां 🗜 🔾
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	ter the name of the new registere
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street aa	ddress
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties provided for in Chapter 60	s, and I am familiar with and 95, F.S. Or, if this document is

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
			□Remove
			☐ Change
			□Add
		<del></del>	□ Remove
		·	□Add
			□Remove
		• • • • • • • • • • • • • • • • • • • •	Change
		·	□Add
			Remove
		<del></del>	Change
			☐ Add
		<del></del>	□Remove
			□ Change

Effective date, If other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9207  [One: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of Slate's records.  [Peccord 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 dis filed.  [Signature of a member or authorised representative of a member  [Signature of a member or authorised representative of a member.]		
Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records.  [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 d is filed.  [Nated]  [March 7]  [Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
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Filing Fee: \$25.00