28/4/24, 16:02

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,

(((H24000153466 3)))



H240001534663ABC+

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To:

Division of Corporations

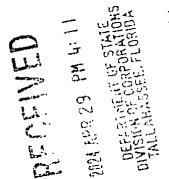
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email Address:\_\_



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BILLING DOCTORS L.L.C.

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## **COVER LETTER**

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то:	Registration S Division of Co			
SUBJEC	The Billing	g Doctors L.L.C.		3**
SUBSEC	- I i	Name of Lin	alted Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sul	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Allison Monzon		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	<del></del>
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
			to be used for future annual report no	offication)
For furth	er information of	concerning this matter, please c	at):	
c/o Zeni	Business INC		844 493-6249	
	Name o	f Person		me Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25,0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Sou.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddres Registration 5		StreetAddress: Registration Se	ection
	Division of C		Division of Co	
Į.	P.O. Box 632	7	The Centre of	Tallahassee
•	fallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

To:

H24000153466 3

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

The Billing Doctors L.L.C.			
(Same of the Limited Lightlity (A Florida	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000161426</u>	ompany were filed on 2024	1-04-04 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	ā:	
The new name must be distinguishable and contain the words "Limit	ted Linbility Company," the des	ignation "I.I.C" or the abbreviation"	L.J.,C."
Enter new principal offices address, if applicable:	****		
(Principal office address MUST BE A STREET ADDR	<u>ESSS)</u>		
Enter new mailing address (Camplicables		, ,	20.21
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>
L. Halling waters (Part DE 11 VOT OF FICE DOM)		2	8
		: : :	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	<del></del>	ew registere
		52	
Name of New Registered Agent:			<u></u>
New Registered Office Address:			
	Enter Floria	astreet address	
	Cav	, Florida Zip Code	<u> </u>
New Registered Agent's Signature, if changing Registered	•	zipCon	•
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	md agree to act in this co implete performance of n ent as provided for in CE	y duties, and I am familiar w apter 605, F.S. Or, if this doc	ith and cument is
	If Changing Registered Agen	t, Signature of New Registered Age	<u></u>

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	KUNICK, MICHELE	7100 Collins Road Panama City, FL 32404	
		·	□Remove
			■ Change
			□ Add
			□Remove
		MANUAL TO THE RESERVE	□Change
			∐Add
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		*****	□Add
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Member Michele Kunick w	onts to be member & manager
18 201 10 8 10 10 10 10 10 10 10 10 10 10 10 10 10	
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14-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Effective date, if other than th	e date of filing: (optional)
f an offective date is fisted, the date me	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 lock does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effecti d is filed	ve date, but not an effective time, at 12:01 a m. on the earlier of: (b). The 90th day after the
03/18 Dated	2024
/s/ Michele	Cunick
**************************************	Signature of a member or authorized representative of a member

Filing Fee: \$25.00