## 12400036/666

(Requestor's Name)		
(Add	dress)	
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/Cih	/State (Zim/Dhase	- 40
(CIT)	//State/Zip/Phone	<del>:</del> #)
PICK-UP	MAIT WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	<del></del> -
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

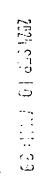




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## **COVER LETTER**

	gistration Sec vision of Corp		
CHD IECT.		Medical Revenue Services, LL	С
SUBJECT.		Name of Lim	ited Liability Company
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please return	n all correspo	ndence concerning this matter	to the following:
		Evan Farber	
			Name of Person
	Unlimited Medical Revenue Services, LLC		
			Firm/Company
	6586 Hypoluxo Rd PMB#112		
	Address		
	Lake Worth, FL 33467		
City/State and Zip Code			
		evan.farber@unlimitedmrs.	to be used for future annual report notification)
For further i	information co	oncerning this matter, please c	
Evan Farbe			561 541-2893
Name of Person at (		at ()	
Enclosed is	a check for th	ne following amount:	
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certified Copy radditional copy is enclosed)  ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Section Division of Corporations
Registration Section Division of Corporations			Registration Section 5 Division of Corporations 5
P.O. Box 6327 The Centre of Tallahassee			The Centre of Tallahassee
,			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unlimited Medical Revenue Services, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa- Florida document number L24000361666		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our records, enter the	name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
Regionale Office Production	Enter Florida street address	1
	Florid	a
<del></del>	Cuv	Zip Code

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

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 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
AMBR	Evan Farber	5765 Monterra Club Drive	■Add
		Lake Worth, FL 33463	_
			□Change
			□Add
			□Remove
			Change
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		<del></del>	□Change
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			Remove
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			Remove
			Change

D. If amending any other informat	tion, enter change(s) here: (Attach additional sheets	, if necessary.)
-	<del>-</del>	
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		<del></del>
-,,		<del></del>
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	date of filing:  st be specific and cannot be prior to date of filing or more than 90 dock does not meet the applicable statutory filing requirement partment of State's records.	(optional) lays after filing.) Pursuant to 605.0207 (3 ents, this date will not be listed as th
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
September 6th  Dated	2024	er of: (b) The 90th day after the
Evan Farber		
	Signature of a member or authorized representative of a member	· <u></u>

Filing Fee: \$25.00

Typed or printed name of signee

Evan Farber