

M1200000 1048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300307824343

01/22/18--01019--033 **25.00

FILED
18 FEB -1 AM 11:41
CLERK OF COURT
JAN 22 2018

S. WARREN

FEB 02 2018

Per Cheryl Strickten from
Miller Johnson this is what
Michigan provides as copy (certified)
of name change. New system implemented
in Nov 2017 (S.W.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2018

CHERYL A. STRICKLEN
MILLER JOHNSON
45 OTTAWA AVE SW, SUITE 1100
GRAND RAPIDS, MI 49503

SUBJECT: BSI HEALTHCARE AUDIT SERVICES, LLC
Ref. Number: M12000001048

We have received your document for BSI HEALTHCARE AUDIT SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NEED CERTIFIED COPY OF AMENDMENT FILED IN HOME STATE OR
CERTIFICATE WITH BOTH OLD NAME AND NEW NAME ON IT. THE
SCREEN PRINT INCLUDED DOES NOT MEET STATUTORY
REQUIREMENTS

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 418A00001813



45 Ottawa Avenue SW
Suite 1100
P.O. Box 306
Grand Rapids, MI 49501-0306

 MERITAS LAW FIRMS WORLDWIDE

CHERYL A. STRICKLEN
Paralegal

616.831.1811
616.988.1811 fax
StricklenC@millerjohnson.com

January 17, 2018

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: BSI Healthcare Audit Services, LLC

Dear Sir/Madam:

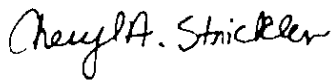
Enclosed is our check in the amount of \$25 to file an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida along with a certified copy of the Certificate of Amendment to the Articles of Organization from the state of Michigan, changing the name of the company to SpendMend LLC.

Please return a filed copy of the form in the enclosed, self-addressed envelope.
Thank you.

If you have any questions or require any additional information, please don't hesitate to contact me.

Very truly yours,

MILLER JOHNSON

By 

Cheryl A. Stricklen
Paralegal

CAS:lp
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BSI Healthcare Audit Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl A. Stricklen

Name of Person

Miller Johnson

Firm/Company

45 Ottawa Avenue, S.W., Suite 1100

Address

Grand Rapids, MI 49503

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Marie Carson at (616) 831-1787
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BSI Healthcare Audit Services, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M12000001048

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: January 9, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SpendMend LLC

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

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.

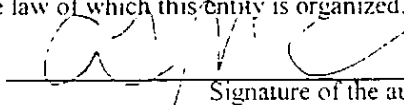
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Anne Marie Carson

Typed or printed name of signee

Filing Fee: \$25.00

FILED
18 FEB - 1 AM 11:42
AT TOLSON, ILLINOIS



Form Revision Date 07/2016

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Certificate of Amendment:

The identification number assigned by the Bureau is:

801600022

The name of the limited liability company is:

BSI HEALTHCARE AUDIT
SERVICES, LLC

The date of filing the original Articles of Organization was:

8/5/2011

Complete only those articles being amended.

Article I

The name of the limited liability company as amended, is:

SPENDMEND LLC

Effective Date: 01/03/2018

The amendment was approved by unanimous vote of all the members entitled to vote.

This document must be signed by a member, manager, or an authorized agent:

Signed this 2nd Day of January, 2018 by:

Signature	Title	Title if "Other" was selected
Anne Marie Carson	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF
ORGANIZATION

for

SPENDMEND LLC

ID Number: 801600022

received by electronic transmission on January 02, 2018 ***, is hereby endorsed.***

Filed on January 02, 2018 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

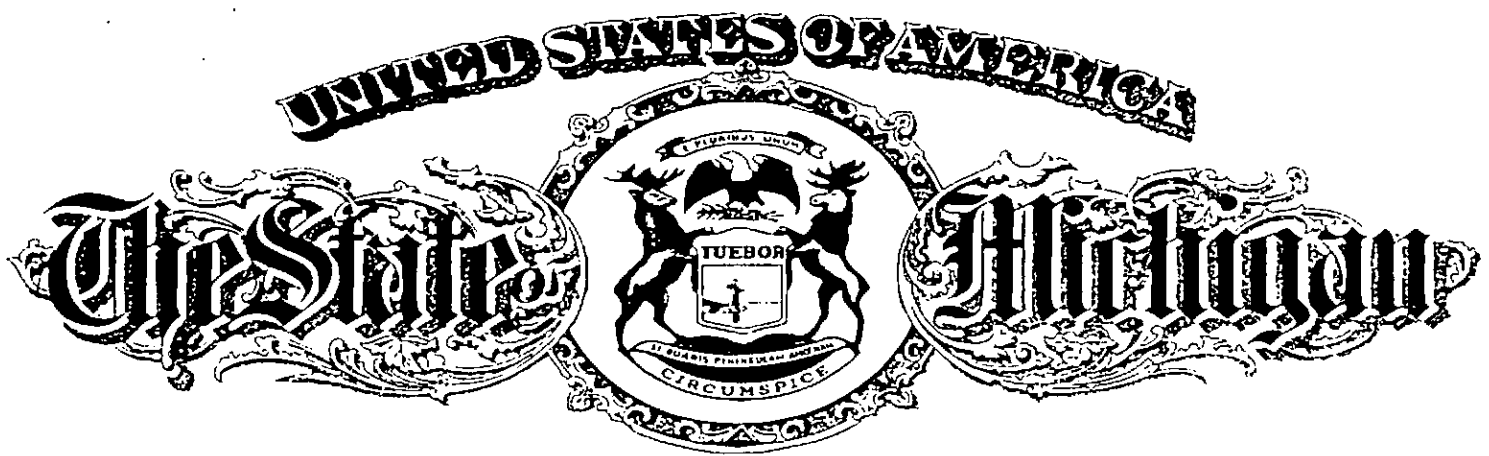
Effective Date: January 03, 2018



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 2nd day of January, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18012758020

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of January, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau