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SECRETARY OF STATE DIVISION OF CORPORATION

OCT 0 8 2012

T. ROBERTS

COVER LETTER

Division of Corporations NAME OF CORPORATION: Florida Premium billing & Collection Services Corp The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gabriel Meve Name of Contact Person For further information concerning this matter, please call: at (305) 5/7-343 9 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy

is enclosed)

Articles of Amendment ťo Articles of Incorporation of

Florida Pramium D'	11:0- 8 (-)	lection savi	COC Caso	,
(Name of Corporation as curren			CES COV	
P080000319		, <u> </u>		
	oer of Corporation (if known	oum)		
·		,		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this <i>Flor</i>	ida Profit Corporation ad	lopts the following	amendment(s) to
A. If amending name, enter the new name of t	he corporation:			
	,			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co"	. A professional corpora	orated" or the ab ution name must c	breviation ontain the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)			SECRETARY OR SAMILY
D. If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address	in Florida, enter the nan	ne of the	23
	ered office address.			
Name of New Registered Agent				
·				
	(Florida street a	ddress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligation	s of the position	
,		p oonganon.	- =,e position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Frample:

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	SV Sally	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Antonio Ricolt	3621 NW 19 Street
Add			Miami, FL 33125
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addit	ional sheets	s, if necessar	y). (Be speci	fic)			
······································							
							
							
				···			
							
				 - ·			
	 _				<u> </u>	····	
					 		
If an amend	ment prov	ides for an e	xchange, recla	assification, o	r cancellation	of issued share	s,
provisions	for implem	enting the a	mendment if	not contained	in the amend	ment itself:	_
		indicate N/A		/	1 111	_ /	1110
50%	Shar	<u>es au</u>	1 of 11	e 100	held 5	y 695,	je Here De Santio
0%	Sharp	s out	of the	100	held be	Harlano	De Santia
				<u> </u>		7 (5) (-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,	3 - 33,(,,
							
·			· · · · · · · · · · · · · · · · · · ·				
		<u></u>		 			

The date of each amendment(s) adoption: 9/1//2			
Effective date if applicable:			
•	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.		
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast	for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder		
Dated9	11/12		
Signature	Angel Control of the		
	irector, president or other officer - if directors or officers have not been		
	d, by an incorporator – if in the hands of a receiver, trustee, or other court		
appoin	ted fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		