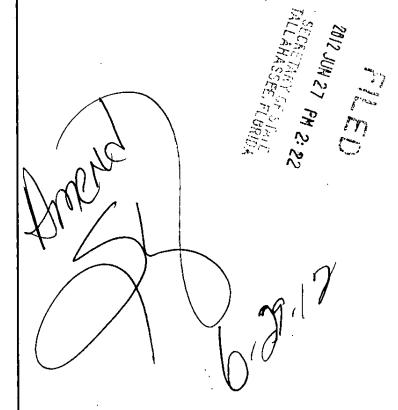
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(RE	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	ÿ)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		1
	Office Use Only	



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Comp	lete Medical Billing Corp
DOCUMENT NUMB	ER: P12000	056111
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.
Please return all corresp	nondence concerning this ma	eter to the following:
-	DAIVIS	Name of Contact Person
	GUSTA	vo A Viera CPA
_		Firm/ Company
	15715 So	re A VIERA CPA Firm/Company who Pirie Huy STE 409 Address
-	MIMM	City/ State and Zip Code
		·
	daivisi e	Vieracpa. com led for future annual report notification)
	E-mail address: (to be us	ed for future annual report notification)
For further information	concerning this matter, pleas	e call:
Daivis	Viera	at (786) 250 - 4450 Area Code & Daytime Telephone Number
Name o	f Contact Person	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 & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address	Street Address
	Amendment Section Amendment Section Division of Corporations Division of Corporations	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Talla	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorpo	oration	型点 星
of	u 6 1	T JE
Complete MedicaL BI	Mines CORP.	三三三 元
(Name of Corporation as currently filed with the Florid		(S/5) -1
(Document Number of Corporation (if kno		_A = 3
(Document Number of Corporation (if kno	own)	- F.C. P
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	ida Profit Corporation adopts the fol-	lowing amendme
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name	
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	——————————————————————————————————————	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address in the registered agent and/or the new registered office address:	n Florida, enter the name of the	
Name of New Registered Agent Manager Name of New Registered Agent		
(Florida street ac	ddress)	
New Registered Office Address:	,	
New Registered Office Address: (City)	, Florida (Zip Coa	<u></u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the posi	ition.
NA		
Signature of New Registered Agen	t 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change Add Remove		GUSTAVO VIRFA	MIAMI FL 33157
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
NIA	
-	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
NIA	-

The date of each amendment(s) adoption:	JUNE	26,	2012
Effective date if applicable:	プレルe (no more than 90 days d	24	2012
	(no more than 90 days	after aménd	ment file date)
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a		er of votes c	ast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amen	dment(s) was/were suffic	ient for app	roval
by(vat			.,,
(vot	ing group)		
☐ The amendment(s) was/were adopted by the laction was not required.	board of directors withou	t shareholde	r action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without sha	reholder act	ion and shareholder
Dated6/26	42		
Signature			
(By a director, pres	ident or other officer - if		
	rporator – if in the hands	of a receive	er, trustee, or other court
appointed fiduciary		ı	
	V izivia	1 epp	
	POIVIS J Typed or printed name of	f person sigi	ning)
	President		
	(Title of person signing	<u>z)</u>	