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Amendicas

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COVER LETTER

TO: Amendment Section Division of Corporations Zenith Medical Billing Corp NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. ·Please return all correspondence concerning this matter to the following: Briana Welsh Name of Contact Person Zenith Medical Billing Corp Firm/ Company 1628 Riveredge Rd Address Oviedo, FL 32766 City/ State and Zip Code Briawelsh@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Briana Welsh Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filling Fee □\$43.75 Filing Fee & - □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

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 to Articles of Incorporation of

Zentin Medical Billing Corp		•	-	
(Name of	Corporation as currently	filed with the Florida	Dept. of State)	
P18000059024	•			
	(Document Number of C	Corporation (if known)		<u>'.</u>
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this Fi	lorida Profit Corporatio ,	on adopts the follo	wing amendment(
A. If amending name, enter the new nan	ne of the corporation:			•
<u>`</u> .	. •	• •	•	The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or "Co	o". A professional cor	orporaicd" or the poration name mi	abbreviation ist contain the
B. Enter new principal office address, if (Principal office address MUST BE A STI		. ,	<u> </u>	
•	-		· · · · · · · · · · · · · · · · · · ·	20
•		-		<u> </u>
C. Enter new mailing address, if applies (Mailing address MAY BE A POST Of		<u> </u>		<u>u</u> :
•			•	<u> </u>
•	•		<u></u>	-
D. If amending the registered agent and	or registered office addres	s in Florida, enter the	name of the	'ယိ
new registered agent and/or the new	registered office address:			
Name of New Registered Agent	-		* .	•
	•		•	•
_	(Florida street	address)		
New Registered Office Address:			Florida	
	·	ity)	(7.	ip Code) .
			, •	
New Registered Agent's Signature, if cha	nging Registered Agent:			•
I hereby accept the appointment as register	ed agent. I am familiar wit.	h and accept the obligat	tions of the position	n
		•	•	
•				•
	Signature of New Rev	istered Avent, if changi	···	

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 Do	<u>oe</u> -	,	
X Remove	<u>V</u>	Mike Jones			
<u>X</u> · Add	<u>sv</u>	Sally Sn	<u>nith</u>	•	•
Type of Action (Check One)	<u>Title</u>		Name	•	<u>Addres</u> s
1) X Change	CEOPS	-	Briana A Welsh	· ˙	1628 Riveredge Rd
Add			,	•	Oviedo, FL 32766
Remove				•	
2) Change ·	P .		Camerin K Welsh	· .	1628 Riveredge Rd
Add					Oviedo, FL 32766
X Remove			•		
3) Change	<u>.</u>	_		. ·	
Add			•	•	
Remove					
4) Change	•	_		· 	
· Add			•	1.	·.
Remove			`		· · · · · · · · · · · · · · · · · · ·
5) Change		_			
Add					
, Remove			•		
6) Change			•		
Add	•	•	. ,	•	
Rumova				•	

(Be specific)	•	•	
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ndment if not cont	ained in the amend	ment itself:	- •
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	nange, reclassificat indment if not cont	nange, reclassification, or cancellation andment if not contained in the amend	nange, reclassification, or cancellation of issued share andment if not contained in the amendment itself:

		•	,	•
Effective date if applicable:	(no more than 90) days after amendment fi	le date)	
Note: If the date inserted in this bl document's effective date on the Dep		able statutory filing requi	irements, this date wil	I not be listed as
Adoption of Amendment(s)	(CHECK ONE)	·		
■ The amendment(s) was/were adop by the shareholders was/were suf		number of votes cast for	the amendment(s)	٠
☐ The amendment(s) was/were appromust be separately provided for e				
1	or the amendment(s) was/were	sufficient for approval		
by <u>'</u>	(voting group)			•
 □ The amendment(s) was/were adopted action was not required. □ The amendment(s) was/were adopted action was not required. 				· · ·
7/27/19 Dated	riana blash (: .		
(By a dii selected	rector, president or other office , by an incorporator – if in the ed fiduciary by that fiduciary)			_ ,
	Briana Welsh	•		
· .				
-	. (Typed or printed n	ame of person signing)		