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cf 3/14/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MATTOS FAMILY BILLING INC
DOCUMENT NUMBER: <u>F21000013523</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STACEY WHITESEL Name of Contact Person
MATIOS FAMILY BILLING INC Firm/ Company
1434 LAUREL AVE Address
SPRING HILL FL 34606 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 849 7645 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Малоз	FAMILY	BILLING	1NC	2022 HAR - 7	РМ
(Name of Corporati				SEC	
P	210000	13523		TALLALAS	<u> </u>
(Docum	nent Number of C	orporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Flo	orida Profit Corpo	oration adopts the fo	llowing amendme	nt(s) to
A. If amending name, enter the new name of the co	orporation:				
MS BILLING	100			The new	
name must be distinguishable and contain the word "co"Inc.," or Co.," or the designation "Corp." "Inc., "chartered," "professional association," or the abbre	orporation," "con " or "Co". A p	npany," or "incor professional corp	porated" or the abbi oration name must	eviation "Corp.," contain the word	,
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)				
D. If amending the registered agent and/or registe new registered agent and/or the new registered		s in Florida, ente	er the name of the		
Name of New Registered Agent					
	(Florida street	address)	200	 	
New Registered Office Address:	ıc	ity)	, Florida	(Zip Code)	
				·	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar witi	h and accept the e	obligations of the pos	sition.	
Sign	nature of New Regi	istered Agent, if c	hanging		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			4
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· ·_	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y mar approximate in the control of	

The date of each amendment(s) ad:	ption:	
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file d	ate)
Note: If the date inserted in this blo document's effective date on the Dep	ick does not meet the applicable statutory filing requiren artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The following the shareholders through voting group entitled to vote separately on the amend	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	ector, president or other officer – if directors or officers he by an incorporator – if in the hands of a receiver, trustee,	
	d fiduciary by that fiduciary)	or oner court
-	Stace Whitesel (Typed or printed name of person signing)	
-	(Title of person signing)	