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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: AUTOMATED MI	EDICAL BILLING SERVI	ICES CORP.	_	
DOCUMENT NUM	D22000021718			<del></del>	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Banessa Alvarez				
		Name of Contact Person	1		
	Swyft Filings				
		Firm/ Company	<u> </u>		
	1814 N Memorial Drive				
		Address	····		
	Houston, TX 77007				
	~	City/ State and Zip Cod	e		
	info@legalcorpsolutions.com	ı			
	E-mail address: (to be us	sed for future annual report	notification)	_	
For further informat	ion concerning this matter, pleas	se call:			
Banessa Alvarez		at (	7770450		
Nam	e of Contact Person	Area Co	de & Daytime Telephone N	šumber	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	<u>v.</u> 03€	2024
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	ORETARY OF STALLANDS STEEL	2024 DEC 27 AH II:
		· ·			

**Mailing Address** 

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AUTOMATED MEDICAL BILLING SERVICES CORP.

(Name of Corporation as current	ly filed with the Florida Dept. of State)	)		
P22000021718				
(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendm	ent(s) to	
A. If amending name, enter the new name of the corporation:		The nev	4'	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	reviation "Corp.,		
B. Enter new principal office address, if applicable:	1241 Trident Loop			
(Principal office address MUST BE A STREET ADDRESS)	Deland, FL 32724			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1241 Trident Loop	20740 20135 04707	C X'SEA	
	Deland, FL 32724	FE 27	Charles	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		IM II 12		
Name of New Registered Agent	<del></del>	111		
(Florida su	reet address)	<del></del>		
New Registered Office Address:	. Florida			
New Regimered Office Address.	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the po	osition.		
Signature of New F	Registered Agent, if changing	_ <del></del>		
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)

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:	,	y committee as an indus	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DIR	PHYLEISCHA MAYNE-OWEN	1241 Trident Loop
Add			Deland, FL 32724
Remove			
2) X Change	P	PHYLEISCHA MAYNE-OWEN	1241 Trident Loop
Add			Deland, FL 32724
${X}$ Remove Change	TRE	PHYLEISCHA MAYNE-OWEN	1241 Trident Loop
Add			Deland, FL 32724
Remove			20.7
4) X Change	SEC	PHYLEISCHA MAYNE-OWEN	1241 Trident Loop PCR D
Add			Deland, FL 32724 PD 2
Remove			- <u>7.0 =</u>
5) X Change	VP	PHYLEISCHA MAYNE-OWEN	1241 Trident Loop
Add			Deland, FL 32724
Remove			
6) Change	<del></del>		
Add			
Remove			

f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
	<del></del>
	<del></del>
	<u></u>
	·
. <u> </u>	<del></del>
	26 S
If an arrandment annuitou for an avalance realessification on appeallation of increase thereo.	2074 DEC 27 SECRETAR TALLAH
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	2 <u>7</u> 2
	<b>37 1</b>
	24 1
	<u> </u>

The date of each amendment(s) date this document was signed.	11/28/2024 adoption:	, if other than the
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this locument's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without share	cholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	nmendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
Dated	17/2024	
Signature	Aglion	
selec	director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, cointed fiduciary by that fiduciary)	
	PHYLEISCHA MAYNE-OWEN	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	
		PT 15 2024 DEC 2 SECRETA

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SECRETARY OF SECRETARY