

P22000021718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

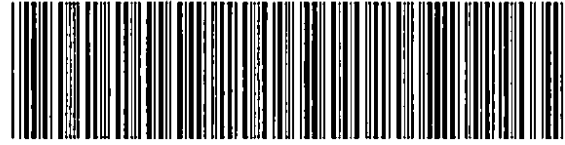
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AUTOMATED MEDICAL BILLING SERVICES CORP.

**DOCUMENT NUMBER:** P22000021718

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Banessa Alvarez

Name of Contact Person

Swyft Filings

Firm/ Company

1814 N Memorial Drive

Address

Houston, TX 77007

City/ State and Zip Code

info@legalcorpsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Banessa Alvarez

at ( 877 ) 7770450

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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

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TALLAHASSEE, FL

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2024 DEC 27

AUTOMATED MEDICAL BILLING SERVICES CORP.

P22000021718

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

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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      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>DIR</u>	<u>PHYLEISCHA MAYNE-OWEN</u>	<u>1241 Trident Loop</u> <u>Deland, FL 32724</u>
<u>      </u> Add			
<u>      </u> Remove			
2) <u>X</u> Change	<u>P</u>	<u>PHYLEISCHA MAYNE-OWEN</u>	<u>1241 Trident Loop</u> <u>Deland, FL 32724</u>
<u>      </u> Add			
<u>      </u> Remove			
3) <u>X</u> Change	<u>TRE</u>	<u>PHYLEISCHA MAYNE-OWEN</u>	<u>1241 Trident Loop</u> <u>Deland, FL 32724</u>
<u>      </u> Add			
<u>      </u> Remove			
4) <u>X</u> Change	<u>SEC</u>	<u>PHYLEISCHA MAYNE-OWEN</u>	<u>1241 Trident Loop</u> <u>Deland, FL 32724</u>
<u>      </u> Add			
<u>      </u> Remove			
5) <u>X</u> Change	<u>VP</u>	<u>PHYLEISCHA MAYNE-OWEN</u>	<u>1241 Trident Loop</u> <u>Deland, FL 32724</u>
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u> <u>      </u>
<u>      </u> Add			
<u>      </u> Remove			

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F-11-017

(Attach additional sheets, if necessary). (Be specific)

**F. 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:**  
(if not applicable, indicate N/A)

SECRETARY OF DEFENSE  
TALLAHASSEE, FLA

100

11/28/2024

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

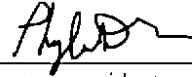
- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

Dated 12/17/2024

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PHYLEISCHA MAYNE-OWEN

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

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