

L21 00093540

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MDO PARTNERS
Account Number : I20130000043
Phone : (305)704-8452
Fax Number : (305)402-6206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rmontes@mdopartners.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIERRA BELO HEALTH LOGISTICS LLC

Certificate of Status	0
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2021 OCT 20 AM 8:19
STATE

C. BRUMBLEY
JAN 14 2022

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SIERRA BELO HEALTH LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/25/2021 and assigned Florida document number L21000093540

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

SBP STAFFING AND RECRUITING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MDO CORPORATE SERVICES LLC

New Registered Office Address: 175 SW 7th Street Suite 1900
Enter Florida street address

Miami, Florida 33130
City State Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change

If Changing Registered Agent, Signature of New Registered Agent

Richard Montes de Oca
Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

