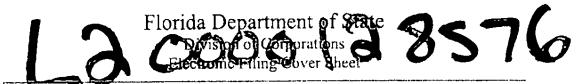
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Division of Corporations



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To:

Page 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

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

Email	Address			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LH THERAPY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY NOV 1 5 2022

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Page: 3 of 5

ARTICLES OF	AMENDMENT	
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ARTICLES OF C	RGANIZATION	(0.8)
	F	20
U	'F	- ACR 2
LH THERAPY SERVICES LLC		FIL 2022 NOV 14 SECRETARY FALLARY
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.	C ; •
(A rional timited i	Liability Company)	원은 그 🕕
The Articles of Organization for this Limited Liability Company	were filed on 05/12/2020	and assigned
Florida document number 1.20000128576		一首
Florida document number		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
	5965 NW 113 Terr	
Enter new principal offices address, if applicable:	3903 NW 113 Tell	
(Principal office address MUST BE A STREET ADDRESS)		
	Hialcah, FL 33012	
Enter new mailing address, if applicable:	5965 NW 113 Terr	

DOMESTIC OF ARTERISATION

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:

Hialeah, FL 33012

Name of New Registered Agent:			
New Registered Office Address:	5965 NW 113 Tem		
	Enter Florida street address		
	Hialeah	, Florida ³³⁰¹²	
	Cirv	Zio Code	

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

(Mailing uddress MAY BE A POST OFFICE BOX)

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.

From: Luciano Puentes

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lilien Hernandez Soler	5965 NW 113 Terr	□ Add
			ПRепюче
		Hialeah, FL 33012	⊟ Change
 			
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Effective date, if other than the if an effective date is listed, the date rm Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be lock does not meet the a	prior to date of fil pplicable statute	ing or more than 90 day	(optional) is after filing.) Pursuant to 60 ts, this date will not be lis	15,0207 (ited as t
e record specifies a delayed effectived is filed.	re date, but not an effect	ive time, at 12:0	1 a.m. on the earlier	of: (b) The 90th day after	er th e
Dated November 10	2022		7		
Z4100	:				

Typed or printed name of signee