

11/10/22, 4:04 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**La 0000128576**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.  
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Phone : (305)463-6690  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LH THERAPY SERVICES LLC**

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2022  
C. BRUMBLEY  
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Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LH THERAPY SERVICES 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 05/12/2020

Florida document number 120000128576

This amendment is submitted to amend the following:

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

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:

5965 NW 113 Terr

(Principal office address MUST BE A STREET ADDRESS)

Hialeah, FL 33012

Enter new mailing address, if applicable:

5965 NW 113 Terr

(Mailing address MAY BE A POST OFFICE BOX)

Hialeah, FL 33012

**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:

New Registered Office Address:

5965 NW 113 Terr

*Enter Florida street address*

Hialeah

, Florida 33012

*City*

*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

FILED  
 2022 NOV 14 PM 3:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 and assigned

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

