Page: 2 of 5

2021-09-08 21:02:14 GMT

13054636693

From: Luciano Puentes

9/8/21, 4:52 PM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 : (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:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEACEFUL SPIRIT HOME HEALTHCARE, LLC

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S. PRATHER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEACEFUL SPIRIT HOME HEALTI	ICARE, LLC	A SEP
(Name of the Limited (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>46)</u> -9 -9 -1
The Articles of Organization for this Limited Liab Florida document number Li1000074402	ility Company were filed on 06/27/2011	and assigned
This amendment is submitted to amend the follow	ing:	$=$ ω
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	?" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter</u> nere:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	1.5
	/	lorida
	Ciŋ [,]	Zip Code

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

Page: 3 of 5

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.

To: +18506176383 Page: 4 of 5 2021-09-08 21:02:14 GMT 13054636693 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

<u>Title</u>	Name	Address	Type of Action
AMBR	YUNIOR LOPEZ	1830 SW 4ST	GAdd
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		Miami, FL 33135	Change
			☐Remove .
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□ Change

D. If amending any other informa	stion, enter change	e(s) here: (Attach a	dditional sheets, if neces	sary.)		
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E. Effective date, if other than the ellf an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not meet the	applicable statutory t	(option or more than 90 days after fil illing requirements, this d	al) ing) Pursuant to 60: ate will not be list	5.0207 (3 ed as th	i)(b) ie
If the record specifies a delayed effective record is filed.	date, but not an effe	ctive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day afte	r the	
Dated September 08	2021	·		IALL*	2021 SEP -9 AH 11:	
<i>V</i>	when			1.0 2017 6.0 (8) 7.77	ž.	<u>:</u>
	Signature of a member (or authorized representa	tive of a member	77.	9	글 글
Yoel Leyva				7. 07. 22.	<u> </u>	/
	i yord d	or printed name of signe	Ľ.	===		