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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ULTRAMAR SERVICES LLC

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K. SALY NOV 15 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022-11-11 15:20:06 GMT



ULTRAMAR 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 01/21/2015	and assigned
Florida document number L15000012146		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11401 SW 40 ST	
(Principal office uddress MUST BE A STREET ADDRESS)	d liability company here: d Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11401 SW 40 ST Suite 360 Miami, FL 33165 11401 SW 40 ST Suite 360 Miami, FL 33165 Diffice address on our records, enter the name of the new registered	
	Miami, FL 33165	
inter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BON)	Suite 360	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33165	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	1	Elorida
	City	Florida <u>Zip Code</u>

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 jurther 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 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

Ta:

<u>Title</u>	Name	Address	Type of Action
AMBR	Denis Dominguez	1062 NW 123 CT	
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record specifies a delayed effective I is filed.	date, but not an	effective tim	ie, at 12:01 a.i	m, on the earlie	rof:(b) Th	e 90th day afl	ter the
November 11	2	2022	·				
The second s	,	mount)				
) Signature of a men						