

11/30/22, 12:41 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

2022 NOV 30 AM 11:27

****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
ESPISAN, LLC

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DEC 01 2022

A. LUNN:

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Corporate Filing Menu

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

CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DALLAS, TEXAS
2022 NOV 30 AM 11:27

ESPISAN, 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 02/11/2016 and assigned
Florida document number L16000030081.

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:

(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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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>
MGRM	Noris T, Espinosa Quintana	4150 EASTGATE DR	<input type="checkbox"/> Add
		APT, 2101	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32839	<input type="checkbox"/> Change
AMBR	Oscar J, Santaella	4150 EASTGATE DR	<input type="checkbox"/> Add
		APT, 2101	<input type="checkbox"/> Remove
		Orlando, FL 32839	<input checked="" type="checkbox"/> Change
AMBR	Oscar I, Santaella	4150 EASTGATE DR	<input type="checkbox"/> Add
		APT, 2101	<input type="checkbox"/> Remove
		Orlando, FL	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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