## 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 : 120200000286 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 ESPISAN, LLC

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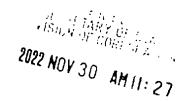
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| ESPISAN, LLC  |   |                                    |
|---|---|------------------------------------|
| (Name of the Limited Liabil<br>(A Florid  | ity Company as it now appears on our r<br>la Limited Liability (ompany) | ecords.)                           |
| The Articles of Organization for this Limited Liability C   |   | and assigned                       |
| This amendment is submitted to amend the following:   |   |                                    |
| A. If amending name, enter the new name of the lim  | nited liability company here:   |                                    |
| The new name must be distinguishable and contain the words "Lin   | nited 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 ADD  | RESS)   |                                    |
| Enter new malling address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)                     |   |                                    |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>e</u>                              | nter the name of the new registere |
| Name of New Registered Agent:   |   |                                    |
| New Registered Office Address:  | Enter Florida street a  | ddress                             |
|   |   | , 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.

From: Luciano Puer

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>                | Address                   | Type of Action |
|--------------|----------------------------|---------------------------|----------------|
| MGRM         | Noris T, Espinosa Quintana | 4150 EASTGATE DR          | □Add           |
|              |                            | APT. 2101                 |                |
|              |                            | Orlando, FL 32839         | 70             |
| AMBR         | Oscar J. Santaella         | 4150 EASTGATE DR          |                |
|              |                            | APT, 2101                 |                |
|              |                            | Orlando, FL 32839         |                |
| AMBR         | Oscar I, Santaella         | antacila 4150 EASTGATE DR | _              |
|              |                            | APT, 2101                 |                |
|              |                            | Orlando, FL               |                |
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From: Luciano Puer

Page: 5 of 5

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| mending any other informatio   | n, enter change(s) here                                       | : (Attach additional s                 | 2022 NOV 3 (sheets, if necessary)   | ) AH II:                      |  |  |
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| fective date, if other than the dan effective date is listed, the date must be ter. If the date inserted in this block cument's effective date on the Department's   | e specific and cannot be prior<br>a does not meet the applica | able statutory filing req              | (optional)<br>ian 90 days after filing ) Pursuar<br>uirements, this date will not | nt to 605.020<br>be listed as |  |  |
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| ecord specifies a delayed effective d<br>is filed.   | late, but not an effective ti                                 | me, at 12:01 a.m. on th                | e carlier of; (b) The 90th o  | by after the                  |  |  |
| November 30  | 2022  |  |   |                               |  |  |
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|  | gnature of a member or author                                 |  |   |                               |  |  |

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