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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

: MEDICAL BILLING CONSULTANTS, INC. Account Name

Account Number : I20200000206 : (305)463-6690 Phone : (305)463-6693 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: United therapy Solutions 1100 y 2400. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED THERAPY SOLUTIONS LLC

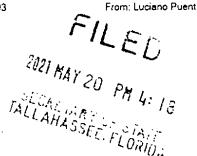
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



United Therapy Solutions LLC				
(Name of the Limi	ted Liability Comp. (A Plorida Limited	any as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited L Florida document number L17000046130	iability Company	were filed on 03/0	1/2017 and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	(the limited liab	ollity company here	µ	
The new name must be distinguishable and contain the	rords "Limited Liebi	lity Cumpany," the desi	gustion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie	able:	5190 NW 167 ST		
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 304		
		Miami Gardens, F	L 33014-6338	
Enter new mailing address, if applicable:		5190 NW 167 ST		
giling address MAY BE A POST OFFICE BOX)		Suite 304		
		Miami Gardens, F	L 33014-6338	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our reco	ords, enter the name of the new registered	
	2320 NW 187 5	cr		
New Registered Office Address:		Enter Florido street address		
	Miami Gardens	1	Florida 33056-3256	
		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 Puente

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2021-05-19 21:17:34 GMT

Title	Name	Address	Type of Action
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			[]Add
			□Remove
•			Change

record is filed.

Dated

FILED
2021 MAY 20 PM 4: 18 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary), Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 2021 May 19

> Gloria Roon Typed or printed name of signee