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Division of Corporations



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Account	Name : MEDICAL BILLING CONSULTANTS, INC.	- F. 6:
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST AA MEDICAL REHABILITATION 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 04/05/2017 and assigned Florida document number L17000075224

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 "LLC."

#### 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)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Adrian Alvarez Jaime	
New Registered Office Address:	18511 SW 100TH ST	
	Enter Florida street address	
	Miami	, Florida <sup>33196</sup>
	City	7.ip 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

To:

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# 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
--------------------------

Title	Name	Address	Type of Action
AMBR	Adrian A Jaime	7815 Coral Way	🗆 Add
		Suite 101	
		Miami, FL 33155	
AMBR	Adrian Alvarez Jaime	7815 Coral Way	
		Suite 101	
		Miami, FL 33155	Change
			🖸 Add
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			[] Add
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### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than t (If an effective date is listed, the date is <u>Note:</u> If the date inserted in this document's effective date on the	s block does not meet the applicable st	of filing or prore than 90 days after tiling.) F atutory filing requirements, this date w	furstiant to 605.0207 (3)(5) ill not be listed as the
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	20th day after the
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OCTOBER 25 Dated	2022
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······································	Signature of a member or authorized representative of a member
Adrian Alvarez Jaime	
	Typed or printed name of signee