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To:

Division of Corporations

Fax Number : (850)617-6383

TO MEN TO MEN THE SECURITY OF THE SECURITY OF

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.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&B THERAPY SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & B Therapy Services Inc			
(Name of the Limited Liability Co (A Fierda Limi	mpany as it now appears on our records.) tted Liability Company)		
The Articles of Organization for this Limited Liability Comp	oany were filed on 06/16/2017	and as	signed
Florida document number L17000131787			
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 L	inhibity Company," the designation "LLC" or the	ibbreviation "L	L.C."
Enter new principal offices address, if applicable:		···	
(Principal office address MUST BE A STREET ADDRESS	ù		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·	
		.	023
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u> r	ne of the ne	-
agent and/or the new registered office address here.			<i>X</i>)
			σ ·
Name of New Registered Agent:			
New Registered Office Address:		٠ ٠	<u></u>
	Enter Florada street address		<u>မ</u> ယ ယ
	, Florida _		
	Civ	Zin Cuda	

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.

To:

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>	Name	Address	Type of Action
AMBR	Alexei Lujan	23842 SW 106 PL	
		Homestead, FL 33032	
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the record specifies a cord is filed.	delayed effective date, but no	st an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after the
March 06		2023		
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Typed or printed name of signee