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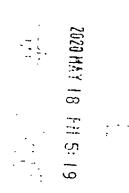
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Office Use Only



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JUN 0 9 2020

COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | |
|----------------------------|---|---|---|
| ChloeRhos | se Medical Billing Services, LL | C | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Susan Maarouf | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 20314 SW 85th Ave. | | |
| | | Address | |
| | Cutler Bay, Florida 33189 | | |
| | | City/State and Zip Code | |
| | semdesign32@gmail.com | to be used for future annual report no | tification) |
| For further information of | concerning this matter, please ca | | , |
| Susan Maarouf | | 305 726-9611 at () | |
| Name | of Person | Area Code Daytir | me Telephone Number |
| Enclosed is a check for (| the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre | | Street Address: | |
| Registration | Section Corporations | Registration S Division of Co | |
| P.O. Box 63 | | The Centre of | • |
| Tallahassee, | | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 MAY 18 PH 5: 19

| | | - 0 1 | 11 2. 13 |
|--|--|---|-----------------------|
| ChloeRhose Medical Billing Service | | · | |
| (Name of the Limited | 1 Liability Compa A Florida Limited | ny as it now appears on our records.) Liability Company) | • • |
| he Articles of Organization for this Limited Lia | bility Company | were filed on December 27, 2018 | and assigned |
| orida document number 1.19000001080 | ·································· | | |
| his amendment is submitted to amend the follow | wing: | | |
| . If amending name, enter the new name of | the limited liab | pility company here: | |
| ChloeRhose Enterprises, LLC | | | |
| he new name must be distinguishable and contain the wo | rds "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applica | ble: | N/A | |
| Principal office address MUST BE A STREET | | N/A | <u> </u> |
| | | N/A | |
| | | | |
| nter new mailing address, if applicable: | | N/A | |
| <u>Mailing address MAY BE A POST OFFICE E</u> | <u>80X)</u> | N/A | |
| | | N/A | |
| . If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: | N/A | address on our records, enter the n | ame of the new regist |
| New Registered Office Address: | N/A | Enter Florida street address | |
| | | Emer Piorica street acaress | |
| | N/A | Florida | Zin Code |
| | | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Ma | nager |
|-----------|-----------------|
| AMBR = Au | thorized Member |

| <u>Title</u> | <u>Name</u> | Address 2020 HAY 18 PH 5: 19 | Type of Action |
|--------------|-------------|------------------------------|----------------|
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| | | | □Remove |
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| | N/A | | □Add |
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| ffective date, if other than the date of filing: May 18, 2020 (optional) an offsetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Tursuant to 605,0207 date in filing in the filing of more than 90 days after filing.) Tursuant to 605,0207 date in filing in filing frequirements, this date will not be listed as occument's effective date on the Department of State's records. The filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The filing requirements, this date will not be listed as occument's effective date on the Department of State is records. The filing requirements, this date will not be listed as occument's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. And May 14 2020 Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member | dedicated to helping businesses | become more efficie | ent with the use of | technology and training. | 8 řii 5: [9 |
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Filing Fee: \$25.00