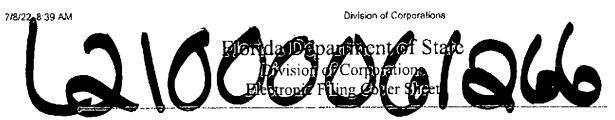
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To:

Division of Corporations

fax Number : (850)617-6383

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 

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA DOCTORA TERAPISTA LLC

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T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA DOCTORA TERAPISTA LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	·	
	were filed on 02/04/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	1414 NW 107 Ave		
•	Suite 101		
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	Sweetwater, FL 33172		
Entar now mailing address if applicables	)414 NW 107 Ave		
-	Suite 101		
Intumng duaress INC. INC. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Sweetwater, FL 33172		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nam	ne of the new registered	
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City	2ip Code	
New Registered Agent's Signature, if changing Registered Agent:		022	
Name of the Limited Liability Company as it now appears on our records.)   (A Florida Limited Liability Company)   O2/04/2021   and assigned	ree to comet with the		

To: Page: 4 of 5 ' 2022-07-08 13:07:40 GMT 13054636693 From: Luciano Puentes

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
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			© Change
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record specifies a delayed effect I is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after th
JULY 08	2022	
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	Signature of a member or authorized representative of a member	