

3/25/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L210001213223

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : MEDICAL BILLING CONSULTANTS, INC.
 Account Number : I2020000206
 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: _____

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BENESSERE HEALTHCARE LIMITED LIABILITY COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

21 MAR 25 AM 8: 46
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MAR 25 2021

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3/25/2021 9:42:09 AM PAGE 1/001 Fax Server



March 25, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BENESSERE HEALTHCARE LIMITED LIABILITY COMPANY
2793 WEST 72 PL
HIALEAH, FL 33016

SUBJECT: BENESSERE HEALTHCARE LIMITED LIABILITY COMPANY
REF: L21000077229

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a LP/LLLP (Limited Partnerships). This company is an LLC. Please resubmit with a fax sheet for an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H21000119227
Letter Number: 421A00006221

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benessere Healthcare Limited Liability Company

(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 02/16/2021 and assigned Florida document number L21000077229.

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 "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

760 NW 107 Ave Suite 402 Miami, FL 33172

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

760 NW 107 Ave Suite 402 Miami, FL 33172

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

Name of New Registered Agent:

New Registered Office Address:

Form fields for agent and office address with a stamp: 21 MAR 25 AM 8:50

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

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

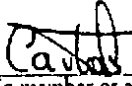
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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 record is filed.

Dated March 24, 2021.


Signature of a member or authorized representative of a member

Carlos Diaz
Typed or printed name of signer