# Florida Department of State Official Somerations Historical Somerations Historical Historical Sheet

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.

(((H21000391903 3)))



H210003919033AP4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MOO PARTNERS
Account Number : 120130000043
Phone : (305)704-8452
Fax Number : (305)402-6206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

rmontes@mdopartners.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIERRA BELO HEALTH LOGISTCS LLC

Certificate of Status	1 0	
Certified Copy	0	·
Page Count	04	
Estimated Charge	\$25.00	

2021 CCT 20 AM 8: 19

Electronic Filing Menu

Corporate Filing Menu

Help

C. BRUMBLEY

#### **COVER LETTER**

TO: Registration Division of	i Section Corporations		
SIERRA SUBJECT:	N BELO HEALTH LOGISTICS L	rc	
30 <b>0</b> 3EC1.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Richard Montes de Oca		
		Name of Person	
	MDO Partners		
		Firm Company	
	175 SW 7th Street Suite 19	<b>10</b> 0	
		Address	<del></del>
	Miami, Florida 33130		
		City/State and Zip Code	
	imonies@imdopartners.com	to be used for future annual report not	Heatrin
For further information	on concerning this matter, please of		
Richard Montes de O	ca	305 298-9630	
Naui	re of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed:	Constitute of Status & Certified Copy (additional copy is enclosed)
Malling Ade Registration Division o		Street Address: Registration Se Division of Co	rporations
P.O. Box 6	5327	The Centre of	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SIERRA BELO HEALTH LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)

t	A Florida Linuted Lin	Dirity Company)	
The Articles of Organization for this Limited Lie	ability Company w	ere filed on <u>02/25/2024</u>	and assigned
Florida document number L21000093540			
This amendment is submitted to amend the follo	wing		
A. If smending name, enter the new name of	the limited liabili	ty company here:	
SBP STAFFING AND RECRUITING LLC			
The new name must be distinguishable and contain the wi	ords "Limited Liabilit	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			202
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	8 <i>0X)</i>	and the second s	
		مناه المناهد الله بالأداء بالتحاليات فيديسي ويجهونين الماهمية بتودين ويراد	
			တ်ဝ 🗷 🚺
B. If amending the registered agent and/or r	egistered office at	idress on our records, enter the no	me of the new Tegistered
agent and/or the new registered office addres	s here:		- 100 <b>a</b>
			3: 19
Name of New Registered Agent:	MDO CORPOR	ATE SERVICES LLC	reign —
		ATE SERVICES LLC	reign —
Name of New Registered Agent:	MDO CORPOR	ATE SERVICES LLC et Suite 1900  Letter Florida invest adares:	<b></b>
Name of New Registered Agent:	MDO CORPOR	ATE SERVICES LLC et Suite 1900  Letter Florida invest adares:	<b></b>
Name of New Registered Agent:	MDO CORPOR.	ATE SERVICES LLC	<b></b>
Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing I	MDO CORPOR.  175 SW 7th Sire  Miami  Registered Agent:	ATE SERVICES LEC et Suite 1900  Letter Florida invest adares  Florida Cin	33130 200 Oute
Name of New Registered Agent: New Registered Office Address:	MDO CORPOR- 175 SW 7th Sire Miami Registered Agent: ed agent and agre er and complete postered agent as processive agent age	et Suite 1900  Later Florida in en adaren  Florida  Cin  e to act in this capacity. I further performance of my duties, and I acrovided for in Chapter 605, F.S. C	33130  Zar visite  agree to comply with the infamiliar with and Or, if this document is
Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, it changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the	MDO CORPOR- 175 SW 7th Sire Miami Registered Agent: ed agent and agre er and complete postered agent as processive agent age	et Suite 1900  Later Florida in en adaren  Florida  Cin  e to act in this capacity. I further performance of my duties, and I acrovided for in Chapter 605, F.S. C	33130  Zar visite  agree to comply with the infamiliar with and Or, if this document is
Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, it changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the	MDO CORPOR- 175 SW 7th Sire Miami Registered Agent: ed agent and agre er and complete postered agent as postered office change	ATE SERVICES LEC  et Suite 1906  Letter Florida iven adares  Florida  Cin  e to act in this capacity. I further performance of my duties, and I atrovided for in Chapter 605, F.S. Caddress, I hereby confirm that the	33130  An elide  agree to comply with the infamiliar with and Or, if this document is limited liability
Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, it changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the	MDO CORPOR.  175 SW 7th Size  Miami  Registered Agent: ed agent and agree er and complete particles agent as particles agent as particles agent as particles.  If Chain	et Suite 1900  Later Florida in en adaren  Florida  Cin  e to act in this capacity. I further performance of my duties, and I acrovided for in Chapter 605, F.S. C	33130  An Code  agree to comply with the infamiliar with and Or, if this document is limited liability  Registeryd 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>	Address	Type of Action
***************************************	The state of the s		🗆 Add
			DRemove
			□Change
			CIRemove
			Change
			[] Add
		□Remove	
			[]Change
		Dadd	
			Remove
			DChange
			DAdd
			DRemove
		JA90	
			CRemove
			Mango

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
•	
-	
-	
-	
-	
_	
-	
-	
-	
-	
_	
Note:	ve date, If other than the date of filing:  (optional)  curve date is listed, the date must be specific and cannot be prior to date of diting or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e recon ed is fil	i 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 ed.
Dated	October 19 2021
J. 1.40	
	Signature of a member of authorized representative of a member
	Trivin A. Ruto O mul
	Trixie A. Bete-Osagie  Typed or printed name of stance

Filing Fee: \$25.00