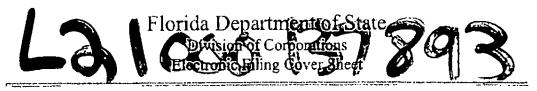
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Division of Corporations



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:			22
	Division of Corporations		>>
	Fax Number : (850)617-6383		왕유
From:			
	Account Name : MEDICAL BILLING	G CONSULTANTS, INC.	77.2
	Account Number : I20200000206		IF
	Phone : (305)463-6690		
	Fax Number : (305)463-6693		
91	the email address for this busine noual report mailings. Enter only o	one email address pleas	or future se.**
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Electronic Filing Menu

Corporate Filing Menu

Help

C.

From: Luciano Puentes

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLB PROFESSIONALS LLC					
(Name of the Limit	ed Liability Com (A Florida Limite	pany as it nuw appears on ou d Liability Company)	r records.)		
The Articles of Organization for this Limited Li Florida document number L21000137893					
This amendment is submitted to amend the follow. A. If amending name, enter the new name of		ability company here:	PH 2: 02		
The new name must be distinguishable and contain the v	ords "Limited Lie	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	930 Hialeah Drive			
(Principal office address MUST BE A STREET ADDRES		Hialcah, FL 33010			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		930 Hialeah Drivo			
		Hialeah, FL 33010			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic ss here:	ce address on our record	s, enter the name of the new registered		
Name of New Registered Agent:	**********				
New Registered Office Address:	930 Hialeah	Drive Enter Florida str	not address		
	Hialeah	City	, Florida ³³⁰¹⁰ Zip Code		
		Cith	др саж		

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.

_______ Change

Page 4 of 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
·			∐Add			
		And the state of t	□Remove			
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Page: 5 of 5

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: _ (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 November 10 2022 Signature of a member or authorized representative of a member Zahily Quinones Rivero

Typed or printed name of signee