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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:	
CAHOTT	MARIET C33.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE STOP MEDICAL BILLING SERVICE LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

WAY 1 1 2023

K Brumbiey

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Stop Medical Billing Service LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 02/04/2022	and assigned
lorida document number L22000061025	_ .	
his amendment is submitted to amend the following	g:	
. If amending name, enter the new name of the	limited liability company here:	
One Stop Medical Billing Services LLC		
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 AL	DDRESS)	
	•	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	
		4.3
B. If amending the registered agent and/or regist agent and/or the new registered office address he		
	<u> </u>	2023
Name of New Registered Agent:		
Maine of thew Registered Agent.		
New Registered Office Address:	Enter Florida street addres:	
	Enter Florida su eel atau es:	
·	, Florida	Zier Code
	uiy	ZIP LUGE

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	DUMBAR SURIR, YADIRA	1830 N UNIVERSITY DRIVE #257	□Add
		PLANTATION, FL 33322	■Remove
		<u> </u>	Change
		**	□ Add
			□Remove
			Change
			□ Add
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ffective date, if other t an effective date is listed, the lote: If the date inserted ocument's effective date	e date must be specific and in this block does not i	d cannot be prior to da meet the applicable	ate of filing or more the statutory filing req	(optional) an 90 days after filing uirements, this date) Programs to 605 020
	effective data but no	t an effective time,	at 12:01 a.m. on th	e earlier of: (b) Ti	he 90th day after the
record specifies a delayed is filed.	rencouve date, but no				
MAV 10	Tencenve date, but no	, 2023			
record specifies a delayed is filed. ated MAY 10	The state of the s				