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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 annual report mailings. Enter only one email address please.

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Help

From, Luciano Puentes

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Abby A	edia fric Cave Live ted Liability Company as it now appears on our records (A Florida Linnied Liability Company)	
(Name of the Lim	(A Florida Limited Liability Company)	;1
The Articles of Organization for this Limited L	iability Company were filed on $1/9/22$	and assigned
Florida document number <u>L22000 48</u>	0589	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	I the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BON)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, enter test here:	he name of the new registered
Name of New Registered Agent:	Dayli Taillacq Blanco	
New Registered Office Address:	Dayli Talllacq Blanco 1052 NW 134 PLace Enter Florida street address	·
	Migmi Flor	rida 33182. Zip Codé
New Registered Agent's Signature, if changing	Registered Agent:	⇒ ′
provisions of all statutes relative to the propaction as reg	ed agent and agree to act in this capacity. I fur per and complete performance of my duties, and istered agent as provided for in Chapter 605, F registered office address, I hereby confirm that change.	d I am familiar with and S.S. Or, if this document is

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:

2023-10-31 19:39:42 GMT

MGR =	Manager	
AMBR =	Authorized	Member

ALPEDAN /			
Title	Name	Address	Type of Action
AMBR	Hugandy Alvarez Acosta	1052 NW 134 Place Migmi, FL 33182	🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆
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