12/8/23, 11:54 AM

Ta:

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 : (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 GONZALEZ REHAB PROFESSIONALS II LLC

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability) (A Florida L	AB PROFESSIONALS II LLC Company as It now appears on our records.) Innied Liability Company)	
he Articles of Organization for this Limited Liability Cor-	mpany were filed on 12/06/2023	and assigned
his amendment is submitted to amend the following:	,	
. If amending name, enter the new name of the limite	ed liability company here:	
ne new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LI.C" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
rincipal office address MUST BE A STREET ADDRE	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		-
uter new mailing address, if applicable:		.5
Aciling address MAY BE A POST OFFICE BOX		.3
If amending the registered agent and/or registered o	office address on our records, enter the	
ent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:		daZip Code

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

Tille	Name	Vqquess	Type of Action
AMBR	Melvy Diaz Gonzalez	4720 SE 15th AVE, #109	£7 Add
		Cape Coral, FL 33904	□Remove
			□Add
			☐ Remove
			☐ Change
			□Add
			C:Remove
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<del> </del>			□Add
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			Change
			DAdd
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			□ Change
<del></del>			□Add
			□Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•==	The distribution between the control of the control
<del></del>	
-	
1015 H	e date, if other than the date of filing:  ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s d is filed	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
pated	December 8th 2023
	Signature of a member something and the signature of a member
	Signature of a member and inhurized representative of a member
	<b>▼</b>