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To:

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

必焚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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T. LEMIEUX

MAY 2 2 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECE Relaying	oval Services LLC
(Name of the Limited Liability Compan (A) Florida Limited 1	
The Articles of Organization for this Limited Liability Company v	were filed on 4/ 22/24 and assigned
Florida document number <u>L24000186970</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L1 C" or the abbreviation "L1 C"
Enter new principal offices address, if applicable:	, company, an object of the additional later.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	idress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 7/ip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, If this document is.
company has been notified in writing of this change.	PH 2: 5
If Chang	ing Registered Agent, Signature of New Registered Adort

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
MGR <u>Emelly</u> J Escoban Garcia	Emelly J	909 SW 1st ST	Add
	Escoban Garcia	Florida City, FL 33034	Remove
			Change
			□Add
			DRemove
	A		□Add
			□Remove
			□ Change
		enna jakkali tili 1904 illi 1906 illi tuttu natuu natuun natuun kali tili tili tili tili tili tili tili t	DAdd
			□Remove
			ClChange
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		□ Кепюче	
			Change
			DAdd
		· · · · · · · · · · · · · · · · · · ·	
			Change

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Note: if	date, if other than the date of filing: (optional) 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.
e record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated /	Tay 21st . 2024. EJEG
	Signature of a member or authorized representative of a member
	Emelly J. Escoban Garcia Typed or printed name of signee