## P09000089852

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MADRELLE GLO	BAL MEDICAL BILLING	G CONSULTANTS, INC		
DOCUMENT NUM	P08000089852				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
		Name of Contact Person	1		
	Hive Law				
•	Firm/ Company				
	5505 W Chandler Blvd, Ste 5	i			
		Address			
	Chandler, AZ 85226		·		
		City/ State and Zip Code	e		
	filings@hive.law				
	E-mail address: (to be us	ed for future annual report	notification)		
			•		
For further information	on concerning this matter, pleas	se call:			
Karen Sanderson		at (480			
Name of Contact Person Area Code & Daytime Telephone Nur		de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Dept	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ma	iling Address		Address		
Amendment Section		Amendment Section			
	vision of Corporations		on of Corporations entre of Tallahassee		
	). Box 6327 Iahassee, FL 32314	2415 N. Monroe Street, Suite 810			
10	assee, FL 32303				

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## Articles of Amendment Articles of Incorporation of

MADRELLE GLOBAL MEDICAL BILLING CONSULTANTS, INC		
(Name of Corporation as currently f	filed with the Florida Dept. of State)	
P08000089852		
(Document Number of C	Corporation (if known)	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florid	orida Profit Corporation adopts the folio	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A public "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbrev professional corporation name must co	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		29
		2023 MAY -3 PH SECRETARICOL TALLIAHILSS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HERE .
		PR 3
		Y -3 PH
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	2: 24 STATE E. FL
Name of New Registered Agent		<del>_</del> _
(Florida street	l address)	
New Registered Office Address:	, Florida	
(0	City)	(Zip Code)
		1
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the posit	ion.
Signature of New Reg	gistered Agent, if changing	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)	), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John D	<u>oc</u>	•
X Remove	<u>v</u>	Mike_Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CEO	_	DESROSIERS, RACHELLE	6586 HYPOLUXO RD #268
Add			.`	LAKE WORTH, FL 33467
X Remove	PVT		Heap Stones, Inc	30 N Gould St Ste R
2) Change X Add		_		Sheridan, WY 82801
Remove 3) Change				CRETARY OF STATE
Add				CSEE COFFEE
Remove				E STA
4) Change		_		
Add				
Remove				
5) Change	<del></del>	_		
Add				
Remove				<del></del>
6) Change		_		· - · · · · · · · · · · · · · · · · · ·
Add				<del></del>
- Remove				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
4/10/202 Dated	3	
Signature	diffector, president or other officer – if directors or officers have not been	<del></del>
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	202; SE(
	Rachelle Desrosiers	2023 MAY SECRET
	(Typed or printed name of person signing)	TARY
	CEO	<u> </u>
	(Title of person signing)	一 一