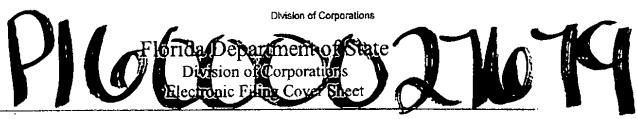
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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 : (305)463-6690 Phone 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:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN BENCOMO MENTAL HEALTH, INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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J. HORNE

NOV 15 2022

Electronic Filing Menu

Corporate Filing Menu

Help

| | Articles of Amendment . | 1337 | 2022 NOV 14 |
|---|--|-------------|--------------------|
| | to Articles of Incorporation | | 0, |
| | of | | = |
| BENCOMO MENTAL HEALTH, INC | | ***** | |
| (Name | of Corporation as currently filed with the Florida Dept. of State) | | 1 1 |
| P16000027679 | | | ، ب |
| | (Document Number of Corporation (if known) | · _ | - & |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this Florida Profit Corporation adopts the follo | wing amen | dment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | |
| | | The | |
| name must be atstinguishable ma contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | the word "corporation," "company," or "incorporated" or the abbrev Corp," "Inc," or "Co". A professional corporation name must co " or the abbreviation "P.A." | ntain the w | p., vord |
| B. Enter new principal office address | | -, | _ |
| (Principal office address MUST BE A S | IREEI ADDRESS) | | |
| | - | | _, |
| | | | |
| C. Enter new mailing address, if appl | icable: | | |
| (Mailing address MAY BE A POST | OFFICE BOX) | | |
| | | | |
| | | | _ |
| | | | |
| D. If amending the registered agent at | nd/or registered office address in Florida, enter the name of the | | |
| new registered agent and/or the ne | w registered office address: | | |
| Name of New Registered Agent | Danay, Bencomo Reyes | | |
| | 1030 W 56TH ST | | |
| | (Florida street address) | titumin | |
| New Registered Office Address: | Hialeah Florida 3301 | 12 | |
| New Registerea Office Augress | (Chy) (| Zip Code) | . |
| | | | |
| | | | |
| New Registered Agent's Signature, if o | hanging Registered Agent: | | |
| I hereby accept the appointment as regis | tered agent. I am familiar with and accept the obligations of the positi | on. | |
| / | | | |
| | | | |
| | Signature of New Registered Agent, if changing | | |
| | | | |
| Check if applicable The amendment(s) is/are being filed p | NUTSURANT TO S. 607 0120 (111 (a) F.S. | | |
| — The amendment's) ragic nemigried [| nutation to 3. 007.0120 (11) (0), 1.5. | | |

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 Doe | |
|----------------------------|--------------|-----------------------|-------------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) X Change | P | Danay, Bencomo Reyes | 1030 W 56TH ST |
| Add | | | |
| Remove | | | Hialcah, FL 33012 |
| 2) Change | VP | Ernesto, Minsal Davis | 1030 W 56TH ST |
| X Add | | | |
| Remove 3) Change | | | Hialeah, FL 33012 |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Кспюче | | | |

To;

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| f an amandment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| | |
| | |
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| | |
| | |

| | tion: | , if other than the |
|--|---|-----------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bloc document's effective date on the Depa | k does not meet the applicable statutory filing requirements, the rement of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted action was not required. | ed by the incorporators, or board of directors without shareholder | action and shareholder |
| The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes east for the amenda | nent(s) |
| ☐ The amendment(s) was/were appromust he separately provided for ea | ved by the shareholders through voting groups. The following stack woting group entitled to vote separately on the amendment(s): | atement |
| "The number of votes cast for | the amendment(s) was/were sufficient for approval | |
| by | (voling group) | |
| | (voting group) | |
| Dated | Poul: | |
| (By a dire- selected, i | other, president or other officer – if directors or officers have not be of an incorporator – if in the hands of a receiver, trustee, or other flouciary by that fiduciary) | court |
| D: | anay Beneomo Reyes | |
| _ | (Typed or printed name of person signing) | |
| Pr | esident | |
| - | (Fitle of person signing) | |