

P21 000079956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Check all x x

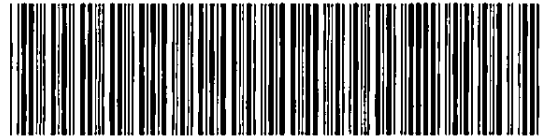
Signature

Date

W24000044157

00536

Office Use Only



400424616384

02/28/24 -01005 -015 \$+52.50

2024 APR 29 AM 9:27

FILED

AB

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MBE CTR BA PA

DOCUMENT NUMBER: P2100007956

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAYRA BARBARA ESPINO

Name of Contact Person

MBE CTR BA PA

Firm/ Company

7111 SW 129 AVE APT 1

Address

MIAMI, FL 33183

City/ State and Zip Code

MBECTR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYRA BARBARA ESPINO

Name of Contact Person

at (786)

501-6725

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

MBE CTR BA PA

(Name of Corporation as currently filed with the Florida Dept. of State)

FEI/EIN number 87-2605027

(Document Number of Corporation (if known))

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MBE ODS BA PA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

~~7111 SW 129 AVE APT 1~~ Me

~~MIAMI, FL 33183~~ Me

4112 SW 51st Ter Ocala, FL 34474

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~7111 SW 129 AVE APT 1~~ Me

~~MIAMI, FL 33183~~

4112 SW 51st Ter Ocala, FL 34474

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

MAYRA BARBARA ESPINO

~~7111 SW 129 AVE APT 1~~

(Florida street address)

4112 SW 51st Ter Ocala, FL 34474

New Registered Office Address:

Ocala

(City)

Florida

34474

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Mayra Barbara Espino

Signature of New Registered 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)

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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change

☐ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

4112 SW 51 Ter
Ocala FL 34474.

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

****Change my name from Mayra B. Espino because there is more than one Mayra Espino in FL adding my legal name to the corporation as Mayra Barbara Espino**

****Change corp name because our title changed nationally from CTR to ODS which was Certified Tumor Registrar (CTR) to Oncology Data Specialist - Certified (ODS-C) which came effective 01/01/2024 <https://www.ncra-usa.org> <https://www.ncra.org/ODS-Credential/ODSName> Change. the use of the new NCRA has changed the name of its credential. Oncology Data Specialist (ODS) is the new name for the Certified Tumor Registrar (CTR) credential. The new credential name better aligns with the evolving scope of work of cancer registrars. Cancer registrars are data information specialists that capture a complete history, diagnosis, treatment, and health status for every cancer patient in the U.S. The curated data provides essential information to researchers, healthcare providers, and public health officials to better monitor and advance cancer treatments, conduct research, and improve cancer prevention and screening programs.**

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 3-19-2024

Signature Mayra Barbara Espino
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mayra Barbara Espino
(Typed or printed name of person signing)

President, director
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2024

MAYRA BARBARA ESPINO
7111 SW 129 AVE
APT 1
MIAMI, FL 33183

Ref. Number: P2100007956

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

RECEIVED

Anissa Butler
Regulatory Specialist II

APR 29 2024 Letter Number: 024A00005918

Name Change to Corp and
Address Change

Thank You
Mayra Espino

www.sunbiz.org