LI600 220 859

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

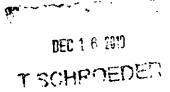
Office Use Only



700336770257

11/16/19--01026--003 **50.00

19 NOV 18 WH 9: 08



COVER LETTER

TO:

	Registration Se Division of Cor		•	
SUBJEC [*]		ICAL TRANSPORTATION L	.LC	
SUBJEC	ı	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		LUIS GERONI	MO GUEVARA CARRION	
			Name of Person	
		LGC MEDIC	CAL TRANSPORTATION L	LC
			Fim/Company	
		6719 GALL BLVD, SU	ITE 201C	
			Address	······································
		ZEPHYRHILLS, FL 335	42	
		LGCMEDICALTRANSPO	City/State and Zip Code RTATION@GMAIL.COM	-
		E-mail address: (to be used for future annual repo	ort notification)
For furthe	r information c	oncerning this matter, please ca	all:	
LUIS GI	ERONIMO GU	EVARA CARRION	813 at ()	528-3692
Name of Person			Paytime Telephone Number	
Enclosed	is a check for th	ne following amount:		
□ \$25.0°	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	ING ADDRESS:	STREET/C	OURIER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LGC MEDICAL TRANSPORTA						
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appe Liability Company	ars on our records.)	1		
The Articles of Organization for this Limited Lia Florida document number	ibility Company	were filed on _	12/06/2016		and ass	signed
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company	<u>here</u> :			
LGC LOGISTICS, LLC						
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the	designation "LLC" of	or the abbrev	riation "L	.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		236	10	
					ī <u>.</u> 5	771
				· .		-2747 ·
Enter new mailing address, if applicable:		N/A			3	n
Mailing address MAY BE A POST OFFICE B	BOX)				: (⊃	
				<u> </u>	ယ	
B. If amending the registered agent and/o registered agent and/or the new registered off			on our records,	enter the	name	of the
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Fi	lorida street address			
		-	, Flor			
		City			Zip Code	

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

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 Changing Registered Agent, Signature of New Registered Agent

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 = M: AMBR = Au	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
			200000	Add
				□ Remove
				Change
			- - -	🗖 Add
				Remove
				Change
			<u>-</u> .	Add
				DRemove
				Change
				_DAdd Ti
				v.o. — f Remove
			Œ2	Change
				□ Add
				Remove
				🗆 Change
.				🗆 Add
				_ Remove

_ Change

		· · · · · · · · · · · · · · · · · · ·			 ·		•
					<u> </u>	_	-
							<u>-</u>
			<u></u>				_
		-					•
							•
			·	<u></u>			-
							-
					_		
							•
•							•
	, <u></u>					19 1	•
						I A CH	-
					· · · · · · · · · · · · · · · · · · ·	<u> </u>	;
							د مد سر
					· · · · · · · · · · · · · · · · · ·	- 3. -	-
			····		Ø:	<u> </u>	-
	other than the de	11/12. ate of filing: e specific and cannot be	/2019				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00