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COVER LETTER

TO: Registration Section **Division of Corporations** Doctor Bird Services LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: GARY NELSON Name of Person DOCTOR BIRD TRANSPORTATION LLC Firm/Company 1543 kISH BLVD Address TRINITY FL 34655 City/State and Zip Code GARYN@DOCTORBIRD.ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GARY NELSON** Name of Person ب Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCTOR BIRD SERVICES LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited L Florida document number L20000044966		were filed on <u>02/07/2020</u>	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
SPECIAL AIDE LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1543 KISH BLVD		
(Principal office address MUST BE A STREE		TRINITY FL 34655		
Enter new mailing address, if applicable:		1543 KISH BLVD		
(Muiling address MAY BE A POST OFFICE BOX)		TRINITY FL 34655		
B. If amending the registered agent and/or agent and/or the new registered office addro Name of New Registered Agent:	registered office ess here: GARY NELSC		he name of the new regist	
	1543 KISH BLVD		·	
New Registered Office Address:		Enter Florida street address		
	TRINITY	. Flor	ဟ္ rida ³⁴⁶⁵⁵ ယ	
		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.

Jan WUSA—
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
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ctive date, if other than the date of fi effective date is listed, the date must be specific e: If the date inserted in this block does no iment's effective date on the Department of	ot meet the applicable :	e of filing or more than 90 statutory filing requirem	(optional) days after filing) Pursuant to 60 ents, this date will not be lis	5.02 ted
ord specifies a delayed effective date, but filed.	not an effective time, a	at 12:01 a.m. on the earl	ier of: (b) The 90th day aft	er th
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