

L20 0000 44966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

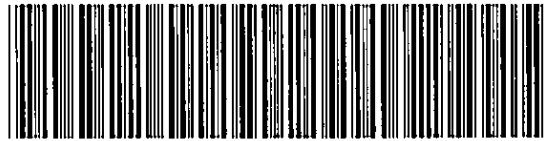
(Document Number)

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05/18/20--01023--007 **25.00

MAILED
JUN 16 2020
CLERK OF COURT

2020 JUN 16 PM 5:14

FILED

JUN 17 2020
S. YOUNG



2020 JUN 11 PM 5:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2020

GARY NELSON
DOCTOR BIRD TRANSPORTATION
1543 KISH BLVD
TRINITY, FL 34655

SUBJECT: SPECIAL AIDE LLC
Ref. Number: L20000044966

We have received your document for SPECIAL AIDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 720A00011174

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Special Aide LLC

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

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

727 485 0076 Ex1 201
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Special Aide LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/2020

Florida document number L20000044966

and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Doctor Bird Transportation LLC

New Registered Office Address:

1543 Kish Blvd

Enter Florida street address

Trinity

Florida

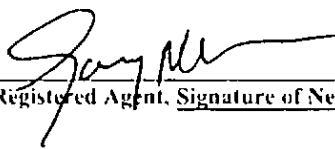
34655

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Doctor Bird Transportation LLC	1543 Kish Blvd	<input checked="" type="checkbox"/> Add
		Trinity FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Judith E Nelson	1543 Kish Blvd	<input type="checkbox"/> Add
		Trinity FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gary S Nelson	1543 Kish Blvd	<input type="checkbox"/> Add
		Trinity FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 13, 2020

Signature of a member or authorized representative of a member

Gary S Nelson

Typed or printed name of signee